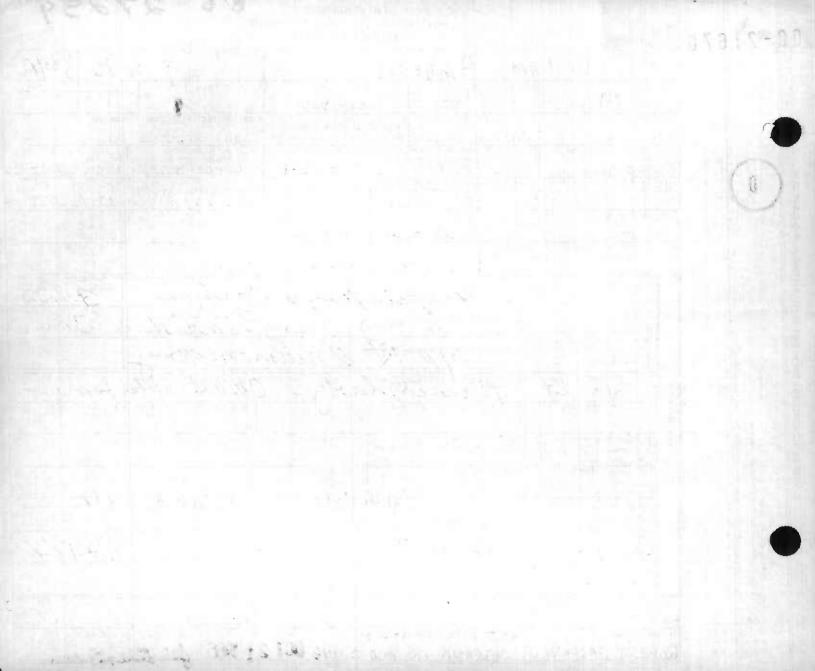
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e ω£		CEASED NAME OR PRINTI	MARY		E.		ALLEN		20. DATE OI			2 86			
e 4 may be rtor, page 3 offer death	3 SE)	(RACE		5. DATE O	F BIRTH		6 AGE (IN Y	EARS LAST BIRTH		F UNDER 1 YEAR	IF UNDER 24 HRS		
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be execut on ond co	160 V	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT Glen Burnfepres Md. 2 (18 YES, GIVE WAR OR DATES) 317-16-9440 MARJORIE NUSSER 508 Stanhous									se Dr. S.E.				
V ST., BALI		18 CAUSE OF DEATH PART I, DEATH W	8 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AD I A C DUE TO, OR AS A CONSEQUENCE OF												
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DIVISION DING PHYS or ottendin After this ce os the bur ofth dod Me	MEDICAL	21d. INJURY OCCURI	HILE [OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	21f. LOCATI STREET	ОИ		CITY OR TOWN		COUNTY	STATE		
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the Dodge		226. SIGNATURE	nie	65, A	. SE	AGG	I MEI	_	MEDICAL DIRECTOR	STAFF		22c. DATE	24/86		
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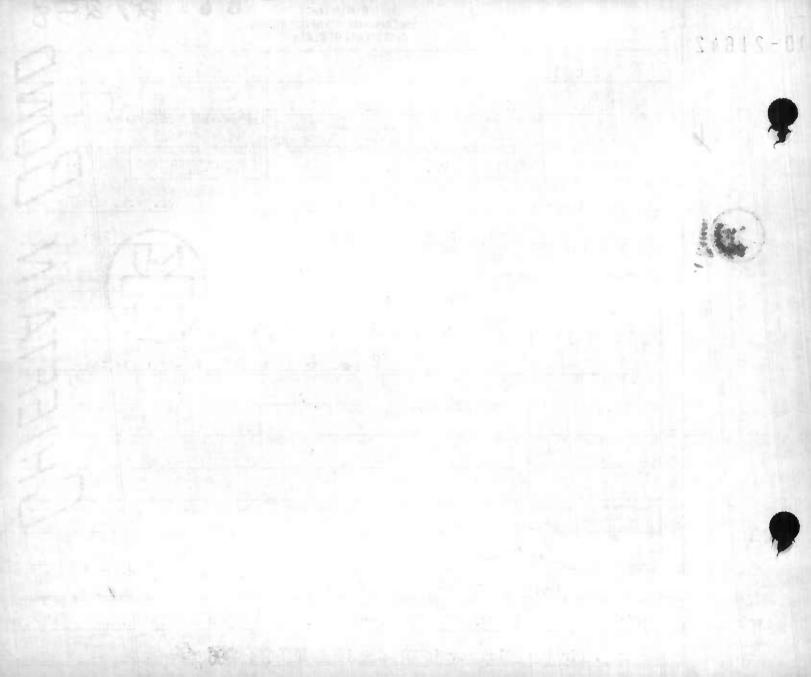
unapolis, 13. 216 4



DEPARTMENT OF HEALTH AND MENTAL - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20. DATE KNOWN X MONTH DAY YEAR 2b. HOUR LITYPE OR PRINTA ESTI-DEATH MATED Boon Tem Anderson 10/ 8/19 86 4. RACE 5. DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c DATE 3:05 LAST BIRTHDAY) PRONOUNCED DEAD Female 33 Mon. 12-11-52 8/19 86 PM YRS 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF TEATH To BIRTHPLACE ISTATE OR MARRIED X NEVER MARRIED FOREIGN COUNTRYS Thailand USA WIDOWED DIVORCED Anne Arundel County 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY 1092 Snow HIll Lane Food Service Gambrills Ft. Meade UAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13h COUNTY 13c. CITY OR TOWN T3d INSIDE CITY LIMITS? 13e STREET ADDRESS NO X 1092 Snow Gambrills Md. AACO. 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST UNK UNK 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) No 215-64-7460 Ralph Musser Same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Manual Strangulation and Stab Wounds to the Neck DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY2 ARDED TO ...
AGE 3 SHOULD BE
ATE DEPARTMENT O YES X NO [7 in EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TE PART T OR PART 2) UNDERLYING NOR HOUR A.M. MONTH DAY YEAR ? P.M. 10/ 8/19 86 subject strangled and stabbed CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY SATHOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK home 1092 Snow Hill Lane, Gambrills, AnneArun., Md. Autopsy X 22a I certify that I taak charge of the remains described above, held an Inspection Inquiry and in my apinian Hamicide X TO MEDICAL EXMINE EXECUTE THE CETTE PAGE 4 SHO ND RE TO FUNERAL DIRECT AFTER DEATH death resulted fram: Accident Undetermined manner TITLE (SPECIFY) **ACTUAL** DATE 10/9/86 Assistant MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Gregory R. Kauffman, M.D. 111 Penn St. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Cremation 10-13-86 Westview Crematory Balt. Balt. Md. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 でからは、大田田でかりの日本日日の日本日日 Hardesty Funeral Home Annapolis Md. (VR A15 ME (5))

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	PER	3. SEX	4 RACE	S. DATE OF BIRTH	6 AGE (IN YE	ARS IF UNDER 1 YR. IF	UNDER 24 HRS. 2	CDAIL	MONTH DAY YEAR	2d HOUR
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	ATE, ORV, ORV, ND, ND,	10	22a I certify that I took charg	e of the remains descr	ibed above, held an	Autapsy . I	Inspection .	Inquiry , and i	n my apinian	
	EXAMINER: CERTIFICATI DULD BE FOR I DIRECTOR: I, WITH THE		death resulted fram: Natur	al causes	Accident, Su	icide . Hamicidi	e Undete	rmined manner,		
	WAR WAR	-	ACTUAL //	1		TITLE (SPE			DATE 10/181	101
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	TO MEDICAL EXAMIN EXECUTE THE CERTIFIC PAGE 4 SHOULD BE FO FUNERAL DIRECT AFTER DEATH, WITH 11 BARTINORE, MARYLAIL		EXAMINER'S NAME CHA	RLES /	1. SEAG	ER ADDRESS	780 r	21TCH16 14	MY SV. P	K.
	DA STANT	23a.B	URIAL, CREMATION, REMOVAL 2	3b DATE	23c NAME OF CE	METERY OR CREMATOR	CITYO	CATION	COUNTY	40. 14
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STATE OF MARYLAND - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN IX MONTH (TYPE OF PRINT) OF ESTI-W LUGENE DEATH MATED 6 AGE (IN YEARS 4 RACE 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DAY 24 HOUR MONTH PRONOUNCED DEAD TO BIRTHPLACE ISTATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED FOREIGN COUNTRY 45 WIDOWED DIVORCED NERALW 18. CITY OR TOWN OF DEATH 126 KIND OF BUSINESS 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY JANUVIZON 13d INSIDE CITY LIMITS? NO [MIDDLE LAST LAST W/1/1112 ~ 3 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) Mu 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), of APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 19 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE CITY OR TOWN COUNTY STATE NOT WHILE AT WORK AT WORK CE 4 SHOULD BE FORM
FUNERAL DIRECTOR P
THE DEATH, WITH THE ST
THRORE, MARYTAND 220 I certify that I taok charge at the remains described above, held an Autopsy Inspection X and in my apinian Notural couses death resulted fram: Suicide Hamicide ___ Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME ADDRES 695 America Crt. Davidsonville, Md 21035 William P. Jones. TYPE OR PRINT 2 23d LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 236-NAME OF CEMETERY OR CREMATORY 07/84 25M DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5))



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	- STATE REGISTRA	AR.			EXAMINE					тн	REG. NO	360		-5 4
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OR FILE 2 HOUR N STREET	3. SEX Female	4. RACE White	5. DATE OF BIRTH	86	6 AGE (IN YEARS LAST BIRTHDAY) O YRS.			IF UNDER		DATE RONOUNC DEAD		MONTH 10	27 19 86 27 19 86	2d. HOU
Session A	a. BIRTHPLACE	(STATE OR		7h CITIZEN OF WHAT COUNTRY?					NEVER MARRIED 9. BALTIMORE CITY OR COUN					
2/	10000 AV	nd wn of DEATH Meade	USA 11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE S	IRSING HOME, C			DIVORCE	12a. USUA FOR MC		TION (TYPE		County 12b KIND OF E OR INDUS	USINESS
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20	Bri:	Brian K. Barnes Julia E. Franz										LAST		
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GE 4 SHOU FUNERALI TER DEATH.	/	ER'S NAME T.T.	illiam M.	Zane	M.D.		DRESS		Peni			O.MD		
543	23a BURIAL, CR	EMATION, REMOVAL	23b. DATE		NAME OF CEMET				23d. LOC	ATION		COUN	TY	STATE
- 17	Buria 24 FUNERALD	IRECTOR	10/29/86		esurrect	ion (250 DATE R	EC'D. BY F		Bal 25b. REGIS	to . Co	Mary GNATURE	land
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FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

27261

			REGISTRAR		CERTII	ICAIL OI DEATH	REG. NO).		
- 230	83		CEASED NAME FIRST	MIDDLE		AST	2a DATE OF DEATH	MONTH (OAY YEAR	2b. HOUR
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5 43	3,		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D X NEVER MARRIED	9 BALTIMORE CITY O	COUNTY	OF DEATH	
1 is	2		ryland	U.S.A.	WIDOWI		Anne Arund	lel		N
1 11	1311	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		OR OTHER INSTITUTION	120 USUAL OCCUPATION			F BUSINESS O
5	750	G3	en Burnie	North Arunde		ital	Publicity D			. Store
2 5 %	251	13a	AL RESIDENCE (IF NURSING HOME CO	OR OTHER INSTITUTION GIVE RESIDENCE BEF		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE	2.	1108
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2	30		James	C. Bartle	tt, Sr	Etta	M.	M	ullholl	
d co	9 /		VAS DECEASED EVER IN U.S. A			17 INFORMANT	ADDRE	55		
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D # 10			AT WORK AT WORK						CA-	-
9 4 4	2 6		22a I certify that (I) (this hasp	pital) attended the deceased from	101	13 19	5 to 10/19		19_00	that (i) (we) lo
D 0 1	2.5	1.5	saw the deceased alive of	n 10/10/19	85.	nd that in (my) (our) apinion	death accurred on the do	te and hour	and from the	causes stated
4 0 3 p			22b. SIGNATURE	at) view the body after death.		DEGREE			22c DATE	CICNED
O + O H	#		228. SIGNATURE	1		ATTENDING	MEDICAL _ STAF		12C DATE	SIGNED
# 25	T		J /W	uun	1	PHYSICIAN &	DIRECTOR PHYSIC		11/1	154
PIT PIT	N X		224 PHYSICIAN'S NAME (TYPE	OR PRINT]		22e ADDRESS			1	1
TOSPITATION IN THE PROPERTY IN	DR. T		De Chalden D	Milnon		5400 Old Co	urt Road, Ra	indall	stown,	Md.
Show Show	IMPORTANT	_	Dr. Sheldon D							
L 2 L 3	_		BURIAL, CREMATION, REMOVA	CONTRACTOR OF THE PARTY OF THE		EMETERY OR CREMATORY	23d LOCATION		LOUNTA	STATE
BP			Cremation	Nov., 2,1986 S	Securit	y Process, In	c Catonsvil	le,	Balto	Md.
		24 F	UNERAL DIRECTOR	5 1/m/1-			E REC'D. BY REGISTRAR			
DHMH - 16 60			NAME	1 111 Houses			1	1		
(VRA 15.	4)	SI	ingleton Funera	1 Home, Glen Bu	rnie,	Ma. 21061	V = 1 1900	stura	Desider.	Mandelly.

00000	11.	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	
20739		REGISTRAR	CERTIFICATE OF DEATH REG. N	١٥.
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEATH	MONTH DAY YEAR 26 HOUR
2 80		Wilma	Hill BAUSUM	10/ 5/86 /35 A
0 25	1. SE	3.	RACE 5. DATE OF BIRTH 6. AGE (INYEARS LAST BI	IRTHDAY) IF UNDER 1 YEAR IF UNDER 24 H
4 92	18	emale.	White Jan 28,1935 51	YRS.
2 61 42	7a B	IRTHPLACE ESTATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY? IS	OR COUNTY OF DEATH
1 1000	X	EDTUCKU	MARRIED NEVER MARRIED ADDRE	Arundel
16.2	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPAT	TION 126. KIND OF BUSINESS
1/8 (Es As.)	90	land malia P	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	T , F V
	esu	AL RESIDENCE (IF NURSING HOME OF O	IND E TITLED CE LECOPTALHOS TAL COMMUNIC	actions Hospital
2 34 25	130	M D I I S COUNT		
	III E	ATHER'S NAME	1. IAnnapolis YES NO X 12615 KI	ia Koad 21401
1 19010/	T)	P FIRST MI	DDLE LAST FIRST MIDDLE	LAST
3 1 37	140.3	WAS DECEASED EVER IN U.S. ARMI	ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDR	Campbell
# ph #/	100	YES NO OR UNKNOWN) (IF YES, GIVE V	WAR OR DATES)	Samea
1 54 6		NO I	- 404-42-7234 benjavnin Kranklin	Dausum- #13
\$ 9 A A A		18 CAUSE OF DEATH (Enter only	ane cause per line for (a), (b), and (c), BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
4 4 4 4		IMMEDIATE		
8 44 4		The state of the s	DUE TO OD AS A CONSTRUCTION	
2 2 2 5		Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
9 9 9 9 9 9		gave rise ta immediate	(b)	
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0 57 5		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
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signed by hen please to band. A quiy, ar of	N			NDITION GIVEN IN PART 110
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0 f 0 f 1 st	WEDICAL	PART 2 OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTHY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK NOTWHISE AT WORK 220.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we did) (did nat) 22b. Son 1151 22d. Physician's NAME (Type OR	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 19 JOHENDED THE DESCRIPTION OFFICE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) DEGREE ATTENDING PHYSICIAN PHYSICIAN 22b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COLUMN 120 23d. DATE 23d. NAME OF CEMETERY OR CREMATORY CITY OF TOWN CITY OF	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO VERTIFY

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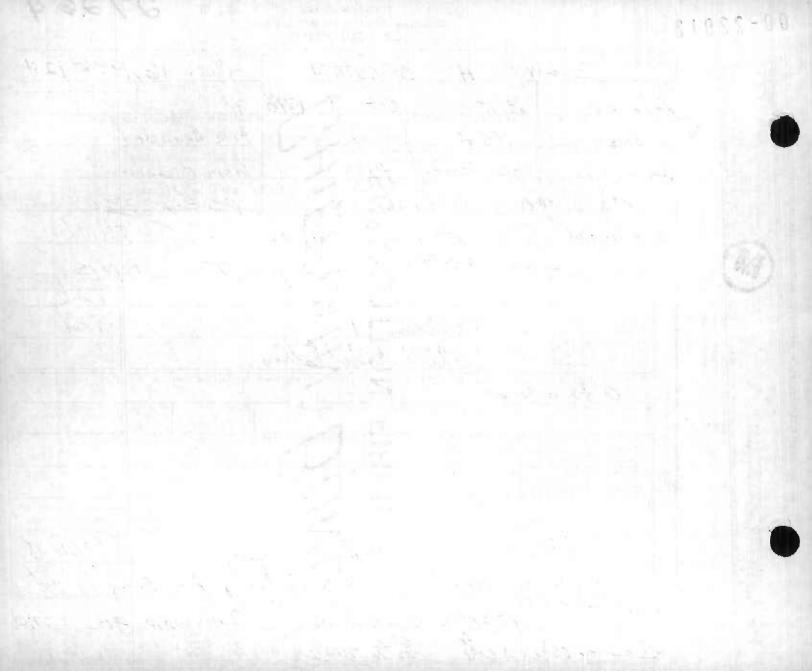
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STATE OF MARYLAND

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STATE OF MARYLAND 1 - STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

27265

		REGISTRAR		CERTII	ICATE OF DEATH	REG. NO.	101
1		CEASED NAME FIRST	WIDDLE	4.	AST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	{ I Y PE	PELAG	IA	BL	ACKOWICZ	OCTOBER 30, 19	86. 9:27 a
	3. SEX	(4 RACE	S. DATE C			IF UNDER 1 YEAR IF UNDER 24 HRS
	FE	MALE	CAUCASIAN	MONTH 11	26 YEAR 96		IONIAS DAYS HOURS MIN.
8	C	RTHPLACE (STATE OR FOREIGN COUNTRY) W York	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIEI WIDOWE	NEVER MARRIED	. ANNE ADIINDET	
4		TY OR TOWN OF DEATH GLEN BURNIE	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST NORTH ARUND)	REET ADDRESS)		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Housewife	126 KIND OF BUSINESS OR INDUSTRY HOMEMaker
5	13a S	TATE 136 COUNTY A		OWN	13d. INSIDE CITY LIMITS? YES NOX	13e.STREET ADDRESS / ZIP CODE 157 Gambeills	Road 21144
2	14 FA	THER'S NAME FIRST UNKNOW	MIDDLE LAST		15 MOTHER'S MAIDEN N	Unknown	IAST
Γ		VAS DECEASED EVER IN U.S. AR	/E WAR OR DATES)			ern, Maryland	21144
1		NO	216 4	2 6478	Anna Hopp	oa 157 Gambrill	S Road
2	ICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost PART 2 OTHER SIGNIFICANT OF THE SIGNIFICANT OF T	DUE TO, OR AS ADMISE	LON	EPHRIT		EN IN PART Tra , WERE FINDINGS USED YING CAUSES OF DEATH?
7	AL CERTIFICAT	210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DE			21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18. P	
	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	19 ICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
		22a.l certify that (1) (this hosp sow the deceased alive on above, (1) (we) (did)	10/0-/	9 86. , or		on death occurred on the date and hour	
1		226. SIGNATURE	armondingh	MD	ATTENDING PHYSICIAN 22e ADDRESS 8 -	DIRECTOR PHYSICIAN	10/3 of 86
		HARJIT SINGH	I, M.D.		BAL	TIMORE, MARYLAND	21225
	230 B	BURIAL, CREMATION, REMOVAL	23h DATE 11/3/86	PAR LE	Fields	23d LOCATION Millersville	bM² A Å

DHMH - 16 60M 7/B4 (VRA 15, 4)

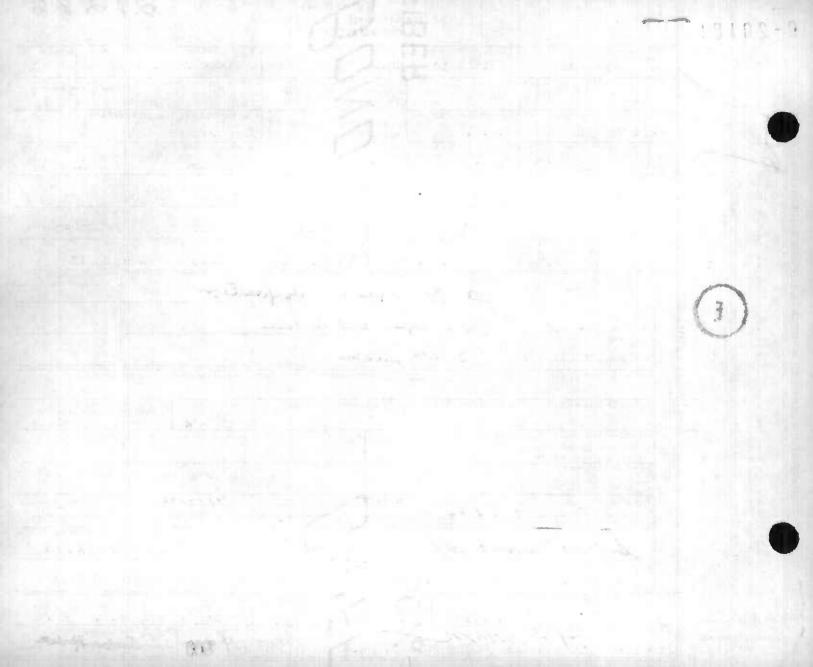
IMPORTANT: If them 21 is morked or them 18 shows ony

24 FUNERAL DIRECTOR Raymond C Fink Glen Burnie, Md. 21061 registrar 256 registrace significant

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0-20181	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENT. ICATE OF DEAT		is the second of	X	10	88
	1. DECEASED NAME	FIRST		WIDDLE	- l	AST	20	DATE OF DEATH		DAY PYEAR	26 HOUR
noy be page 3	(TYPE OR PRINT)	Anna	Eli	zabeth	BLAK	E		October	4, 19	986	AM
4 mos	Female	19.9	4 RACE Whi	te	5. DATE C	DAY YE	6.	AGE (IN YEARS LAST BIRT		IF UNDER I YEAR	IF UNDER 24 HRS HOURS MINL
direct	70. BIRTHPLACE (S			WHAT COUNTE	Feb.	9, 1918		68 BALTIMORE CITY O	YRS	OFFICIAL	
25 pt 2	West Vir		U.S.		MARRIEI	NEVER MARRIE	IED -	Anne Arund			
d the d	10 CITY OR TOWN		11. NAME OF	HOSPITAL, NUR	RSING HOME C	R OTHER INSTITUTION	ON 12	USUAL OCCUPATE	ON	12b. KIND O	F BUSINESS OR
5-6-51	Glen Bur		North .	North Arundel Hospital					F WORKING LIF	Own H	ome
AND 213	USUAL RESIDENCE 130. STATE Maryland	Anne	ROTHER INSTITUTION NETY Arunde	13c. CITY OR TO	OWN	13d. INSIDE CITY LIA YES NO	K	STREET ADDRESS /			21061
MARYL Smpletely Cacomine	14 FATHER'S NAME FIRST UNK NO		WIDDIE	Watson		Daise:		Mae		McDon	ough
dico dico	160 WAS DECEASE		RMED FORCES?	166 SOCIAL SE		17 INFORMANT		ADDRE		45	
MIT & CO &	No	Nor	ie	217.07	.5662	William 1	Blake	Husband	Sai	me as 1	MATE INTERVAL DISET AND DEATH
RDS, 201 W. PRESTON Figures that the death A signed by the fired Their places recovers To burial, cremit journe Injury, or other in soal	gove rise cause (0), underlying	cause lost	(b)	R AS A CONSE	QUENCE OF	ستل	HE TERMINA	al disease or conf	DITION GIV	EN IN PART 110	2.
AL RECO	190 DATE OF 0	OPERATION	196, CONDITION FOR WHICH OPERATION WAS PERFORMED					20€ AUTOPSY?	INCERTIF	, WERE FINDIN YING CAUSES S	OF DEATH?
Class of Cla	OR CONTRIBUTE	WAS UNDERLYING THE CAUSE OF DE	ATH HOUR A.	M. MONTH	DAY YEAR	21c. HOW INJURY (OCCURRED	(ENTER NATURE OF INJUR	RY IN ITEM TO P	ART (OR PART 2)	
NISSION Operation of the burner of the burner of the burner of the burner	(IF EITHER, NO.) 21d INJURY C	NOT WHILE AT WORK	21a. PLACE	OF INJURY REET, FACTORY, OFFI	ICE, FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
HOSPITAL OR ATTENDING or FUNERAL DIRECTION At bould be detached for use on this Store Dept. of Hoofst	saw the above, (1) 22b. SIGNATO 22d. PHYSICIA	that (I) (this hosp deceased olive or (we) (did) (did no RE LULY N'S NAME (TYPEC CW R. SC	of) view the bady	alter death.	9, an	d that in (my) (aur) of DEGREE ATTENE PHYSIC 22e ADDRESS	apinian dea	th occurred on the do	F	22c DATE:	SIGNED .
₽₹ ₽₹1 ₹	230. BURIAL, CREMA	TION, REMOVAL	23b. DATE Oct. 8			METERY OR CREMA		23d LOCATION CITY OR TOWN Brooklyn	Park	COUNTY A.A.	Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECT NAME Singletor	746	Home,	Glen Bu	rnie, M		OCT	07 1988	256 REGISTI		JRE



	1		STATE OF MARYLAND	000000
	1	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYG	IENE
-21110	Ι.	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
361140		CEASED NAME FIRST	MIDDLE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
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poge r deat	3. SE	william	RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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72 ho 72 ho	M B	RTHPLACE (STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
to and and	16	Torida	USA WIDOWED DIVORCED	Hone Arundel MD.
the fo	10 C	ITY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION 126 KIND OF BUSINESS OR
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in d	UsU	AL RESIDENCE (IF NURSING HOME OR C	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	Deres Total
22 h	130	STATE 136 COUNT		13e.STREET ADDRESS / ZIP CODE 21403
og A	14 E	ATHER'S NAME	H HONAPOLIS YES NO X	Mor Jenniper Cane
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TO RECEIVE L		Hibert	H. Glanding Mildre	id Hale
ond condical		VÁS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	AED FORCES? 166 SOCIAL SECURITIONO. 17 INFORMANT	ADDRESS Same as
9 00 e		NO -	- 579-22-1920 Betty F	Blanding- #13
一一一		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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	163	IMMEDIATE		
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d b ol,			(c)	
uires agne s burn	z	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GIVEN IN PART 1101
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I		sow the deceased alive an_		death occurred on the date and hour and from the causes stated
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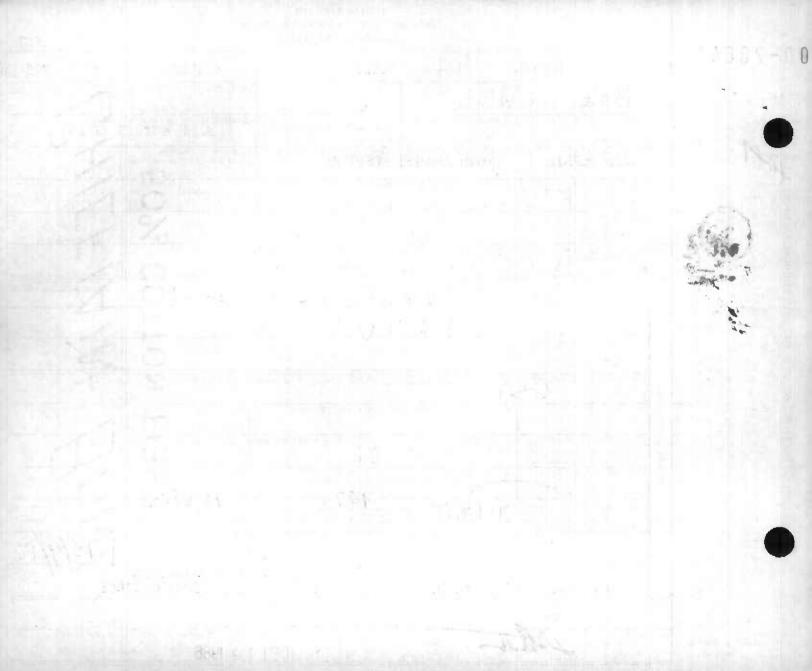
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PLEASE RECTOR R FILES. STREET,	3 SEX	4 RACE	5. DATE OF BIRTH	6. AGE		VDER 1 YR. IF UN		C. DATE	MONTH	DAY YEAR	2d HOUR
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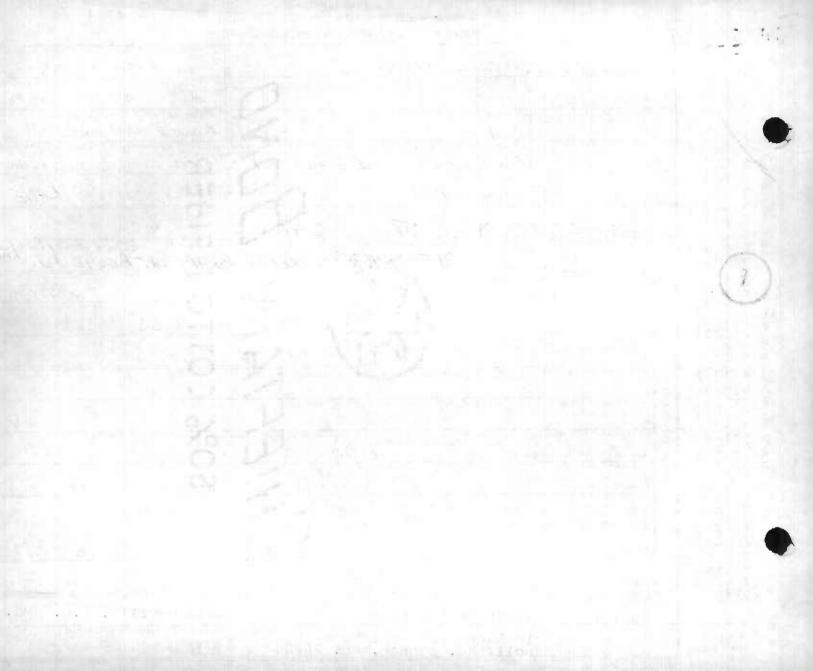
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m.		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECURITY N	O. 17. INFORMANT	(Wife)	ADDRESS	5	Good	N 2.11
OWILL		es (IF YES, GIV	VE WAR OR DATES)	179.07.162	Mrs. Mary	'	5	Same As	s 13	
RECORDS, 201 W. PRESTON ST., B. low requires that the death certifica been signed by the attending phy emit. Then please remove corbanopa eprior to burial, cremation, ar remove sagy injury, or other traumatic event	NOI	18. CAUSE OF DEATH IEnter or PART I. DEATH WAS CAUSE IMMEDIA: Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2. OTHER SIGNIFICANT	TE CAUSE (0) DUE TO, OI (b) DUE TO, OI (c)	R AS A CONSEQUENCE O	V	IE TERMINAL DIS	EASE OR CONDIT	TION GIVEN		ATE INTERVAL USET AND DEATH
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OF CLAR		OR CONTRIBUTING CAUSE OF DEA		M. MONTH DAY Y	AR					
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TTEN Portol for u		sow the deceased alive on abave, (1) we) (aid) (did no		1 0 19	, and that in (my) (our) o	pinion death occ	urred on the date	and hour on	id from the co	suses stated
the has to DIRECT to DIRECT to Dept.	134	22b. SIGNATURE	/	S. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	DEGREE	ING MEDIC	CAL STAFF		ZZC DATE SE	19/01
SPITAL J by th VERAL De deto Stote		22d. PHYSICIAN'S NAME (TYPE O	OR PRINT)		22e ADDRESS		OAKWOOD I		1	1/10
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BP		Burial	12		wridge Mem.	2000	City OR TOWN		oward	Md.
DHMH - 16 60M 7/84	24 FL	INERAL DIRECTOR	#151	ADDRESS	2	So DATE REC'D.	BY REGISTRAR 256	. REGISTRAR	R'S SIGNATUR	RE
(VRA 15, 4)	Si	ngleton Funeral	Home	Glen Burn	e. Marvland	OCT 14	1986	1 40 7 300	marine filmenter	a true



DEPARTMENT OF HEALTH AND MENTAL HYGIÉ MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO ASED NAME 20 DATE KNOWN YEAR 26 HOUR MONTH (TYPE OR PRINT ESTI-CLARENCE LEE BRAD DEATH MATED DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 65 ZI YRS DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED POREIGN COUNTRY! WIDOWED [DIVORCED IN CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS GENERAL HOSPITAL IC TECHNICIAN HEALING UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSION) 134 INSIDE CITY LIMITS? 136 STREET ADDRESS 135 COUNTY 30 24 STONE TRADOR PRINCE GEORGE BOWIE MANTLAND 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME CAROL LMENCE 160 WAS DECEASED EVER IN U.S. ARMED FORCES ADDRESS 2024 STONEY BRO (YES, NO, OR UNKNOWN) LIE YES GIVE WAR OR DATES CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MINUTES IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF AND CHEST INJURIES Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. ALLIDENT TO MOBILE PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG USED AS 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR DaIVER CONTRIBUTING PLAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: AFTER BEATH, WITH THE STATE DE BALTIMORE, MARTHAND, 21201 PG STREET, FACTORY, FARM, ETC.] WHILE AT WORK AT WORK 450 TREE 22a. I certify that I took charge of the remains described above, held on Autopsy ond in my opinion Accident deoth resulted from: Notural couses Homicide Undetermined monner TITLE (SPECIFY) DED EXAMINER'S NAME 7CHIG HWT (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION 23¢ NAME OF CEMETERY OR CREMATORY (SPECIFY) Davidsonville. P.G. STATE Lakemont Cemetery 10/29/86 Burial 07/B4 BP 25M 24 FUNERAL DIRECTOR DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Rendon/Hale Lambam Funeral Home 9013 Annapolis Rd. Lanham, Md. 207007 **DHMH - 17** acutomis . (VR A15 ME (5))

STATE OF MARYLAND



O FUNERAL DIRECTOR

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DHMH - 16 60M 7/84

(VRA 15, 4)

MPORTANT:

1 - STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REGISTRAR				CENTINI	CHILOIL	LAIN	REG. N	10		
I DECEASED NAME	FIRST	•	MIODLE	LA	ST		20. DATE OF DEATH	MONIH	OAY YEAR	2b HOUR
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3 SEX	8	4 RACE		5. DATE OF			6 AGE (IN YEARS LAST B	RTHOAY)	IF UNDER 1 YE	
Female		Caucas	sion	8	17	99	87	YRS	MONTHS DAT	HOURS MIN.
TO BIRTHPLACE (STATE C	OR FOREIGN	16 CITIZEN O	F WHAT COUNTRY?	8. MARRIED	□ NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNT	Y OF DEATH	1 1
West Virgin	ia	United	States	WIDOWED		VORCED X	Anne Arund	del Co	untv	MD
18 CITY OR TOWN OF D	EATH		F HOSPITAL, NURSIN		OTHER INS	TITUTION	12g USUAL OCCUPAT			OF BUSINESS OR
Glen Burnie			Arundel H		1		Homemaker		Hom	
USUAL RESIDENCE IF NU	13b CO		1136 CITY OR TOW		13d. INSIDE C	ITY LIMITS?	13e.STREET ADDRESS	/ 71P COI)F	
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John			Hines		Emma				Sher	
160 WAS DECEASED EVE		ARMED FORCEST		RITY NO.	17 INFORMA	INT	ADDI	RESS		
No			- 232-28-2	352	Mrs. E	arline	Wilkinson	(Same	as #	13)
18 CAUSE OF DEA			er line for ioi, (b), one	d (c				100	BETWE	OXIMATE INTERVAL EN ONSET AND DEATH
PARTI, DEATH		ATE CAUSE (o)_	Cardiac A	Arrest	2.75	D. F.			imme	diate
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Conditions, if on		(b)_	Atherosler	cotic	Corona	ry dise	ease		man	y years
gove rise to in	ting the	DUE TO,	OR AS A CONSEQUE	NCE OF						
underlying cou	se lost.	(c)_								
	GNIFICAN	CONDITIONS	CONTRIBUTING TO D	DEATH BUT N	OT RELATED	TO THE TERM	INAL DISEASE OR CO	NDITION G	IVEN IN PART	110
0			None							
NO DATE OF OPER	ATION	196 CON	DITION FOR WHICH	OPERATION	WASPERFO	RMED	280 AUTOPSY?	20b IF Y	ES, WERE FIN	DINGS USED SES OF DEATH?
							YES NO	1	res 🗌	NO 🗌
21n ACCIDENT WAS U	NDERLYING	71h TIME	OF INJURY		21r HOW IN	ILIRY OCCUPE	PED (page name of man	IN IN ITEM TO	D. 01 . O0 D. DT	7)

HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE

21f. LOCATION CITY OR TOWN COUNTY

220.1 certify that (I) (this haspital) attended the deceased from saw the deceased alive on Sept 23 1986 86 Oct. Aug and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death

DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN MEDICAL STAFF
PHYSICIAN MEDICAL

22d PHYSICIAN'S NAME (TYPE OF PRINT)

22e ADDRESS 16 Murray Ave. Annapolis, MD 21401

Dr. Charles W. Kinzer, MD 230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY 23b. DATE Burial 10-13-86 Rest Cemetery

CITY OR TOWN Ridgeway

STATE VA

STATE

24 FUNERAL DIRECTOR

MEDICAL

orkedor

495 Ritchie Hwy. Barranco Funeral Home Severna Park, MD 21146

REGISTRAR 256. REGISTRAR'S SIGNATURE

3345 NOV	lh 8	G FOR		DEDADTM	STATE OF MARY		ENE S	5 2	16	1 44
		- STATE REGISTRAR		DEI AKIIM	CERTIFICATE O		JEIVE.	REG. NO.		EST
		CEASED NAME FIRST	MIDDL	.E	LAST		20 DATE OF E	DEATH MONTH	DAY YEAR	26 HOUR
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ar. pe	3. SE	X	4 RACE		5. DATE OF BIRTH MONTH DAY	YEAR	6. AGE (IN YEA	ARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
oge		FEMALE	BLAC		5 18	1900	86	YRS		
th. P		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHA		MARRIED NEVE	R MARRIED	9 BALTIMOR	E CITY OR COUN	TY OF DEATH	
deo deo	_	ARYLAND ITY OR TOWN OF DEATH	U. S.		WIDOWED TO THER II	DIVORCED	ANI 12a USUAL O	NE ARUNDE		MD. OF BUSINESS OR
A	10.0		(IF NOT IN SUCH FAC	ILITY, GIVE STREET AD	DRESS]	13111011011	TYPE OF WORK	FOR MOST OF WORKING		
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24 h		STATE 136 CO		LEN BURN		NOX		DDRESS / ZIP CO	DE.	AND 2106
thin thin 2 sho		ARYLAND ATHER'S NAME				R'S MAIDEN NAM				
)	DOUGLASS	WIDDLE	BROOKS	1	FIRST MAMIE		MIDDLE	HINE	
licol c		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b	SOCIAL SECUR	TY NO. 17. INFOR	MANT MR.	(GLENES BURN		
5 6 6 6		NO.		20-36-55	92 GILBE	ERT G. BI		318 WELL		
he low requires that the death on. has been signed by the attent permit. Then please remove a temperator to burial, cremation, ows any injury, ar other traumating.	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying couse lost PART 2. STHER SIGNIFICANT	DUE TO, OR S	7 00	ALL BUT NOT REPA	wito	700 APTON	PSYT ZON/IF Y	IVEN SI PART IT	
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ond ked on	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF I	FACTORY, OFFICE, FAR	M, EIC) 211. LOCA	0		CITY OF TOWN	COUNTY	MAIL
DIN or see of the more		220.1 certify that (I) (this hosp	oitol) anended the de	ceased from	1/0/	1980	to	10/2	110 00	that (I) (we) last
TTEN Dottol or o of He		sow the deceased alive a			ond that in (n	ny) (our) opinion	death occurred	on the date and h	our and from the	count stated
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5 5 5 4 1 3	73u.	ANASTACIO E BUBIAL, CREMATION, REMOVA	E	23c NA	ME OF CEMETERY C	CLEN_BURN OR CREMATORY	23d LOCAT	ION		
BP		BURIAL	11/03/86		CALVARY (CITYO	RTOWN	ARUNDEL	MARYLAN
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MARGILAND U. S. A. S. X.

AND CONTRACTOR OF THE PROPERTY OF THE PROPERTY

GLEN SHOELY MORTH ARUNDER HIXBEITAL HEMSINASSH I HEMSINAS

GLAS HURNIE X THE HELLHAK APENUE, KOLIN BURNIE

i. Gira adulli, XD. 21061

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226-36-5592 GILBERT G. BRIXING 118 RELEBERT AVENUE

N PTE SONS FORM FANCE, IN. 21216 2501 OLYMNS FALLS FANV. PALTI ONC. IL. 21216

JOS T ALVEN S. N. Lines in administration of the contract of the

BURGAL 11/03/85 PT. CALVARY CEMETERY AND AND ANDREA MARGIAND

	1.	FOR STATE	DEPAI	RTMENT OF HEALTH AND MENTAL HYC	GIENE	
18	l' .	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
1 0	I DECEASED NAME FIRST		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	(TAPE)	GRACE	Μ.	BROWN	10	4 86 5:25 A
	3. SEX		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
]	FEMALE	CAUCASIAN	*3" 19 YEA 16	70 YRS.	MONTHS DATS HOURS MIN.
		THPLACE (STATE OR FOREIGN CUNTRY)	76. CITIZEN OF WHAT COUNTR	AY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR COUNTY ANNE ARUNDEL	
		Y OR TOWN OF DEATH EN BURNIE	11. NAME OF HOSPITAL, NUR	SING HOME OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Clerk	12h KIND OF BUSINESS OF INDUSTRY Library
3	USUA 13a S	L RESIDENCE (IF NURSING HOME OR TATE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BE	FORE ADMISSION)	21061 13e STREET ADDRESS / ZIP COD 416 Secluded	Apt.
うか		THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	
280	0 1	WILLIAM		THARD GERTRUDE	ADDRESS.	MANSFIELD
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DRE. MD.	SEATH IF		ATHER'S NAME FIRST Howar		Joseph		Browni	.ng		verne	NAME	Middle May		last Lai j	rd
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•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,		death resulted	that I taak cha I fram: Na	arge of the remained	escribed of	121	Autapsy icide .	Hamicide		Undetermin	quiry .	and in my o	Y	
	DICAL E TETHE CASHOUNERAL DEATH, NORE, W		ACTUAL SIGNATURE		1	/			Assis	stant	_MEDICAL	EXAMINER	DATI	NED 10-2	23-86
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*/84	BP 39/	(5		rial	10/24/86		edar Hi		metery	r		imore	A.	A. Ma	state
	DHMH = 17 (VR A15 ME (5))		orge J.		4001 Rit	chie	Hgwy Ba	lto M	d. 256	O. DATE RE	C'D. BY REG	STRAR 256 F	REGISTRAR'S	SIGNATURE	ile.

1003-00

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED SEX 4. RACE DATE OF BIRTH 6. AGE (IN YEARS 2d. HOUR DATE YEAR LAST BIRTHDAY) PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. DIVORCED orth Carolina WIDOWED TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTR SUAL RESIDENCE OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13a STATE 13e STREET ADDRE 134 INSIDE CITY LIMITS? FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Christina Aaron Cornelius Buchanan Creed 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 165. SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 244-44-2769 Patricia S. no Buchanan same APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE D RIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUÊNCE OF lying couse lost PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in 190. DATE OF OPERATION 195 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TING THE WORD DED TO THE CHIEF E 3 SHOULD BE USE E DEPARTMENT OF YES [] NO I 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER BEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held on Autopsy and in my opinion Inspection L Inquiry Suicide Hamicide Undetermined manner EXAMINER'S NAME William P. Jones, M.d ADDRES 695 America Crt. DavidsonvilleMd. 21035 Davidsonville, A.A. 230 BURIAL, CREMATION, REMOVAL 236, DATE 23c. NAME OF CEMETERY OR CREMATORY Lakemont Cem. 16/86 07/84 burail 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** FUNERAL HOME 12RIDGELY AVE. ANN.MD. IG (VR A15 ME (5))

	1.	FOR		DEPARTMENT OF HEALTH	AND MENTAL HYGIE	NE	
00-21958	1-	STATE REGISTRAR	MEI	DICAL EXAMINER'S	ERTIFICATE OF DE	ANH O REG. NO.	27279
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13828	130 .	ma	TH	PASAGENA	YES NOX	7851	uting Ave
- A	14.F	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN NAM	VE MIDDLE	LAST
# 500000)	Edward	MIDDLE	Burton	Mary	Medica	Collins
M DANG	160	WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT Pasade	ena, Md. ADDRESS	21122
ALTINE ANTI		Yes Kor		214 26 2466			Outing Ave.
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SE STATE	7	SIGNATURE AMA	een 1 14	ALL MILLS	D LETTLY ME	DICAL EXAMINER	SIGNED 10 00
A NO SE		EXAMINER'S NAME (TYPE OR PRINT) WILL	iam P. Jones	MD	ADDRESS 695 America	a Crt. Davidson	oville, Mt. 21035
TO MEDICAL E. EXECUTE THE C. PAGE 4 SHOUL TO FUNERAL D. AFTER DEATH, V. PATER DEATH, V. P. PATER DEATH, V. P	730	BURIAL CREMATION REMOVAL		23c. NAME OF CEMETERY C		LÖCATION IY OR TOWN	
		Burial	10/25/86	Cedar Hill C			A.A. Md.
BP	24 1	FUNERAL DIRECTOR Balt	o. Md.	21225	25a. DATE REC'D. I	Brooklyn By Registrar 236 Regis	
DHMH - 17 (VR A15 ME (S))	C	eorge J. Gonce	4001 Rit		DOT 2 A T	286	NOW A PROPERTY.
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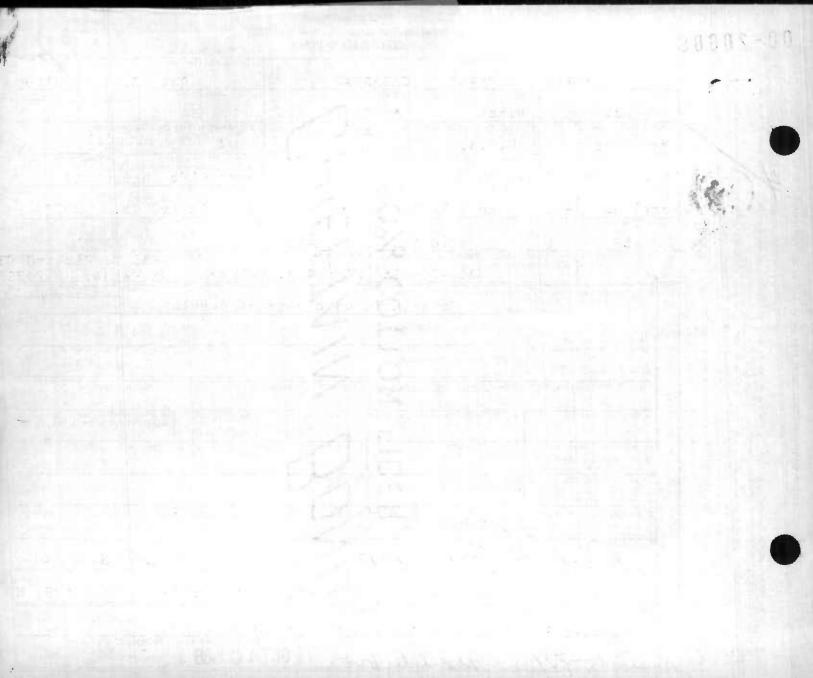
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officos a physics on poper emoval.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUSED)	only one cause per SED BY: IATE CAUSE (a)	line for (a), (b), on Rospira	dien	arrest				mate interval onset and death
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O HOSPIC TO FUNES thould be with the S		220 PHYSICIAN'S NAME (TYP	3. Nei	lley)	/	134 Ovensu	Ille Road 1	West Rio	er MO	20178
BP	23a.	BURIAL, CREMATION, REMOVA	10-4-		NAME OF C	EMETERY OR CREMATORY	OLIS ANNE			RYLAND
DHMH - 16 60M 7/B4		UNERAL DIRECTOR ROBERT E. EV	ANS ANN	APOL®,	MAR	LAND 250. DA	TE REC'D. BY REGISTRAF			

(VRA 15, 4)

STATE OF MARYLAND



10/8/86

George J. Gonce 4001 Ritchie DREHgwy Baltimore

CITY OR TOWN

Maryland 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Md

Maryland Vets Cemetery Crownsville

DHMH - 16 60M 7/84 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN I. DECEASED NAME MONTH YEAR 2b HOUR (TYPE OR PRINT) OF ESTI-ECTOR. R FILES. HOURS STREET, DEATH MATED Pamela Irene SEX 4 RACE DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED Female White May 18,1949 DEAD 37 10-4-86 : 45PA 19 76. CITIZEN OF WHAT COUNTRY? A BIRTHPLACE (STATE OR 9 BALTIMORE CITY OF COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY U.S.A. South Dakota DIVORCED Anne Arundel County LCITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION STYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Consultant Anne Arundel General Insurance Annapolis Hospita] OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION USUAL RESIDENCE 03854 BALTIMORE, MD. 21201 131 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Hampshi Rockingham Castle 68 Cranfield Street H FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST Virginia Miner Barton Carr 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRESame as 166 SOCIAL SECURITY NO. (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) #13 049-44-0603 Barton W. Carr No CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). APPROXIMATE INTERVAL TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WORD PROFILED TO THE CHIEF MEDICAL EXAMINER ALONG WORD PROFILED AS A BURIAL-TRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MEDITAL HYGIENE, BAÇTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY Myocardial infarct IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION hypertensive cardiovascular disease 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC 1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK X Autopsy 22a I certify that I took charge of the remains described above, held an Inspection and in my apinion Natural causes X death resulted fram Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M.D. Deputy Chiefedical Examiner SIGNATURE 10-5-86 EXAMINER'S NAME TYPE OR PRINTA Ann M. Dixon, M.D. Penn Street 23a BURIAL, CREMATION, REMOVAL 23b DATE 23d LOCATION COUNTY STATE Suitland P.G. MD Suitland Cremation Cedar Hill 24 FUNERAL DIRECTOR DHMH - 17 Taylor Funeral Chapel, Annapolis, MD (VR A15 ME (5))

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Penale White Lay 18,1949 37

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 20 DATE OF DEATH MONTH 26 HOUR TTYPE OR PRINTI Charles W. CHANEY October 18, 1986 10:25 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR IF UNDER 24 HRS Male Caucasian October 24, 1905 O BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Anne Arundel County Maryland WIDOWED DIVORCED [IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Annapolis Anne Arundel General Hospital Accountant C & P Telephone 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE Maryland Anne ArundelDavidsonville 3525 Willaimsburg Road YES IN 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME MIDDLE Walter James Chanev Iola Huntt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 3525 Willaimsburg Road Gertrude Q. Chaney Davidsonville, MD 577-01-3031 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH /Enter only one cause per line for (2) 2 mm Comply sem Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVIN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 21g. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21ª PLACE OF INJURY 21f LOCATION CITY OR TOWN I AT HOME STREET, FACTORY OFFICE, FARM ETC] NOT WHILE 22a.) certify that (I) (this haspital) attended the deceased fram and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN OCT 20. 1986 77e ADDRESS Dr. Joseph N. Friend, M. D. 205 Ridgley Avenue Annapolis, MD 23a BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY OCT 21, 1986 Ft. Lincoln Cemetery Burial Brentwood, Pr. George's, MD Max 16000 Annapolis Road 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 - Sug HODE - V. Beall Funeral Home Bowie, MD 20715-3043 (VRA 15, 4)

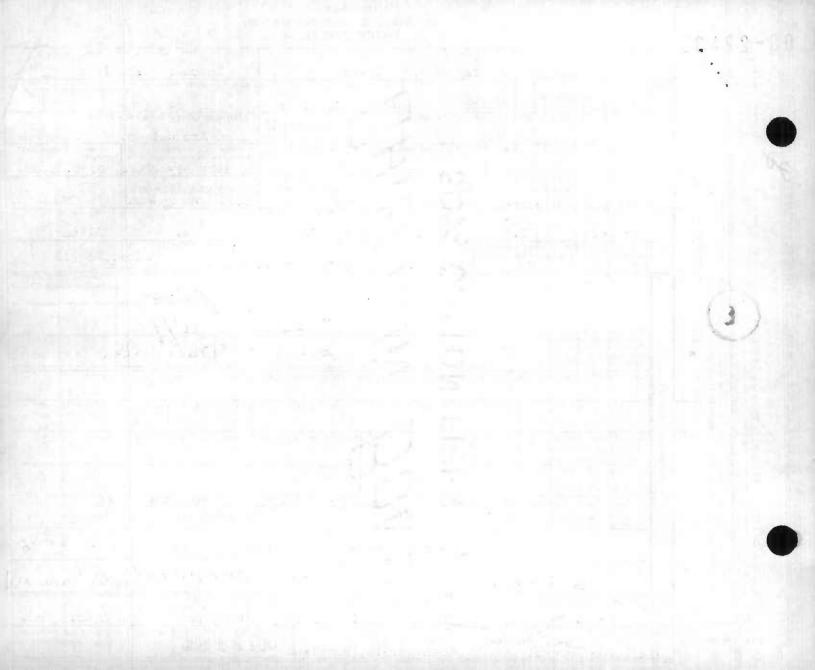
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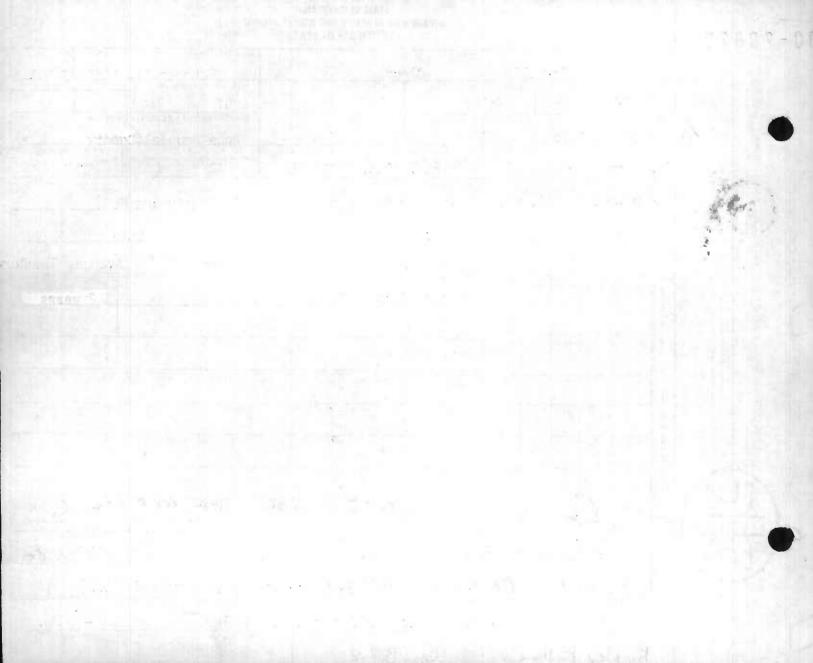


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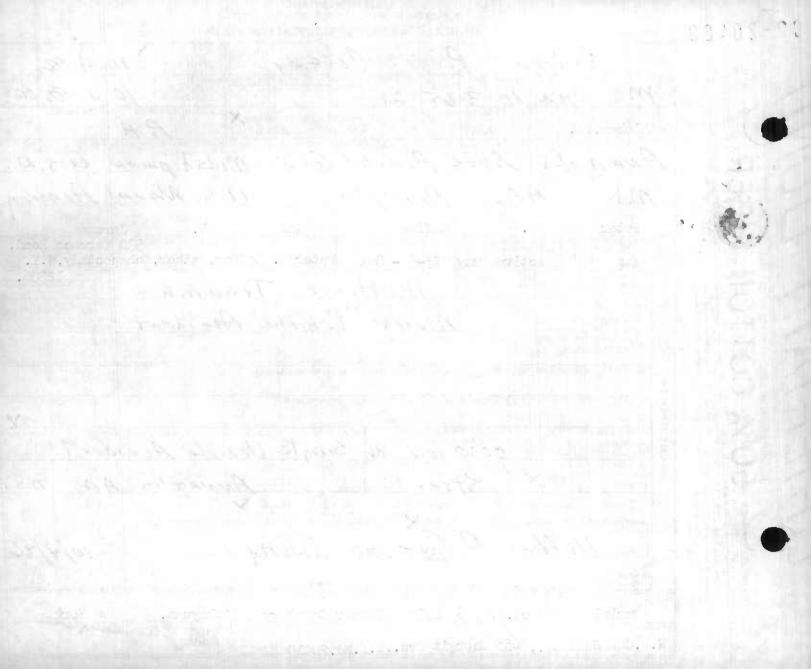
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00-20823	CTATE	STATE OF MARYLAND ENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO.	7 2 8 9
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To the state of th	t. George Meade 11. Name of Hospital, Nursing	COMM. HOSPITAL (TYPE OF WORK FOR MOST OF WORKING	NG LIFE) 126. KIND OF BUSINESS OR INDUSTRY ARMY
MARYLAND 21201	JSUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE A 136, STATE 136, COUNTY 136, COUNTY 136, CITY OR TOWN AA. CO. Glen Bur	nie 13d Inside City Limits? 13e. street address 415 7th Avenu	1e N.E. 2/06/
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W. PRESTON ST., BAL of the death certificate the attending physicis se remove corbon poper cremation, ar removal.	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) Cancer of DUE TO, OR AS A CONSEQUEN Conditions, if any, which gave rise to immediate	Prostate	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2½ years
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ALT	A A A A A A A A A A A A A A A A A A A	Yes Active Duty 125-64-4891 Peter E. Coffey, Father, Schened	tady, N.Y.
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	WHO WE SEE	22a I certify that I took charge of the remains described above, held an Autopsy . Inspection Inquiry . ond in my opin	nion
	MD WEEK	deoth resulted from: Notural causes Accident Suicide Homicide Undetermined manner	
	SE S	TITLE (SDECIEV)	
	ANOTA S	ACTUAL SIGNATURE WILLIAM P. WYS M.D. DEPUTY MEDICAL EXAMINER SIGNED	10/4/8/
	2 5 3 3 5 7	SIGNATURE MEDICAL EXAMINER SIGNED	147100
	SE S	(TYPE OR PRINT) William P. Jones, M.D. ADDRES 695 America Crt. Davidsonvil	lle.Md.21035
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orth. Po		BIRTHPLACE (STATE OR FOREIGN COUNTRY) Laryland	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY ANNE ARUNDEL	
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Ft. George Meade, Ft. Meade, Maryland 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial chathal. Pine GroveCemetery Michigan 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Silver Spring, Maryland Chambers Funeral Home (VRA 15, 4)

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			saw the deceased alive on	yiew the body of the death	ond that in (my) (our) opinion deoth	occurred on the date	and hour and from the	ouses stated
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

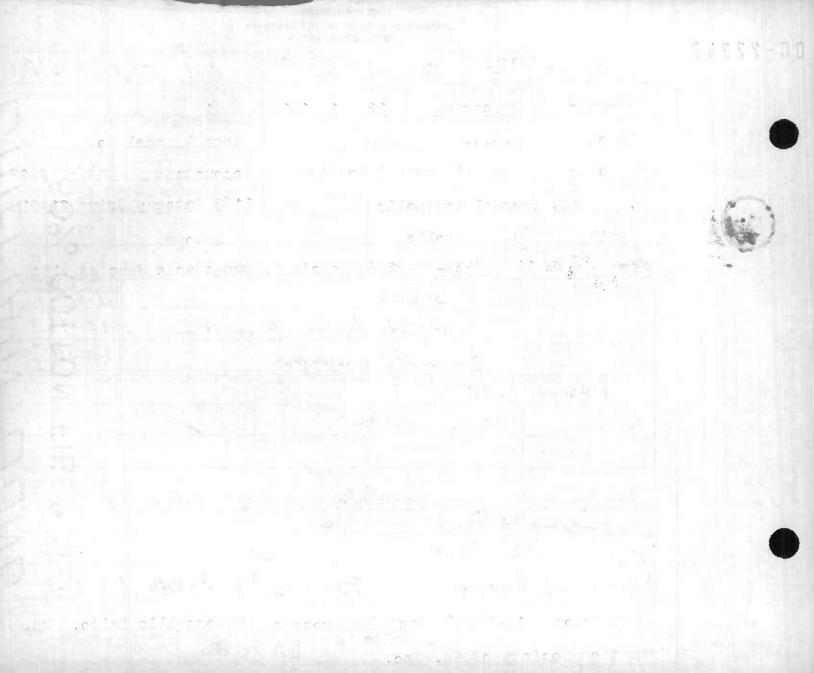
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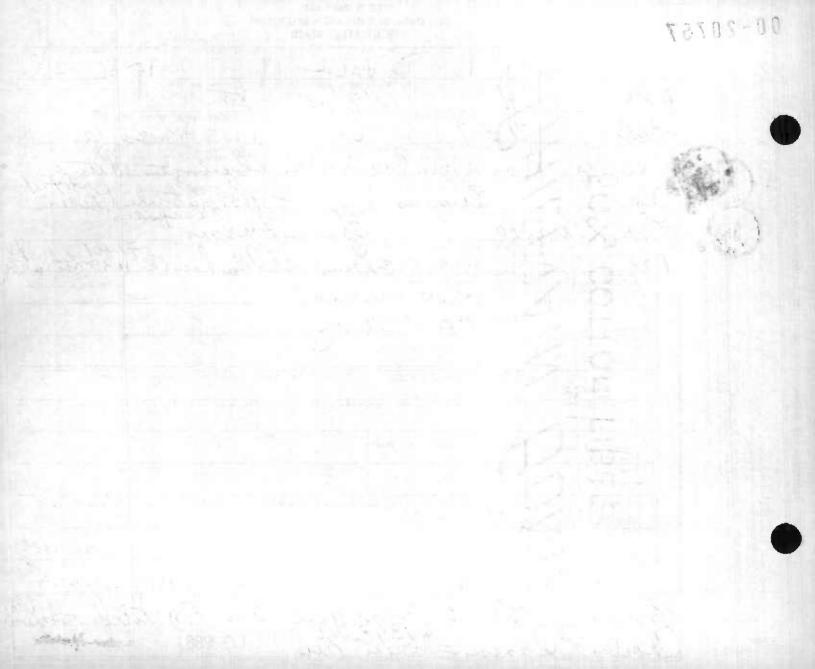
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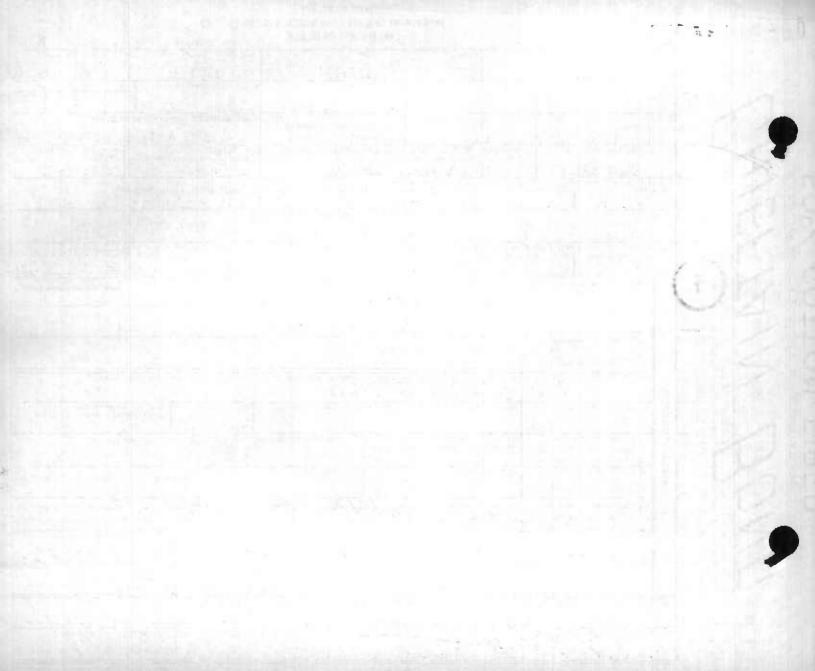
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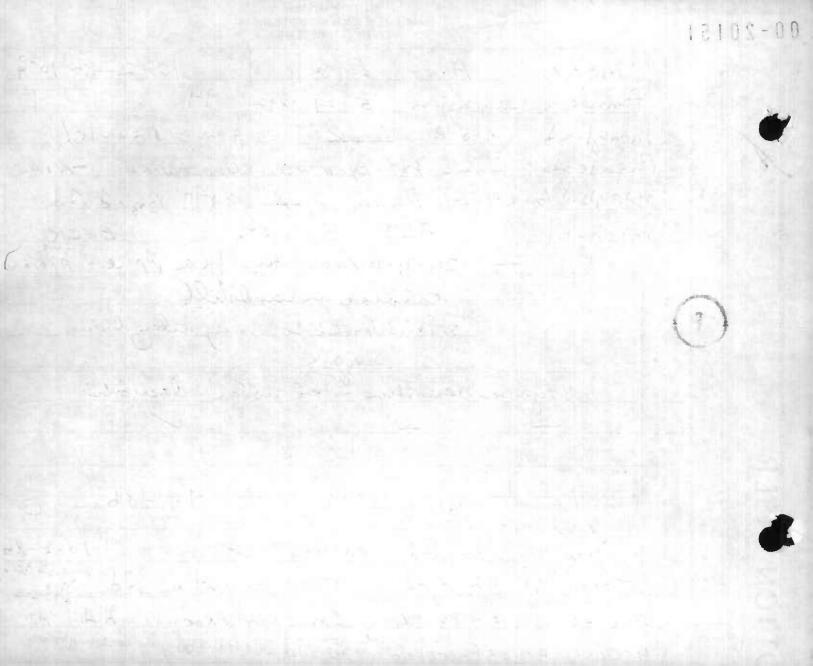
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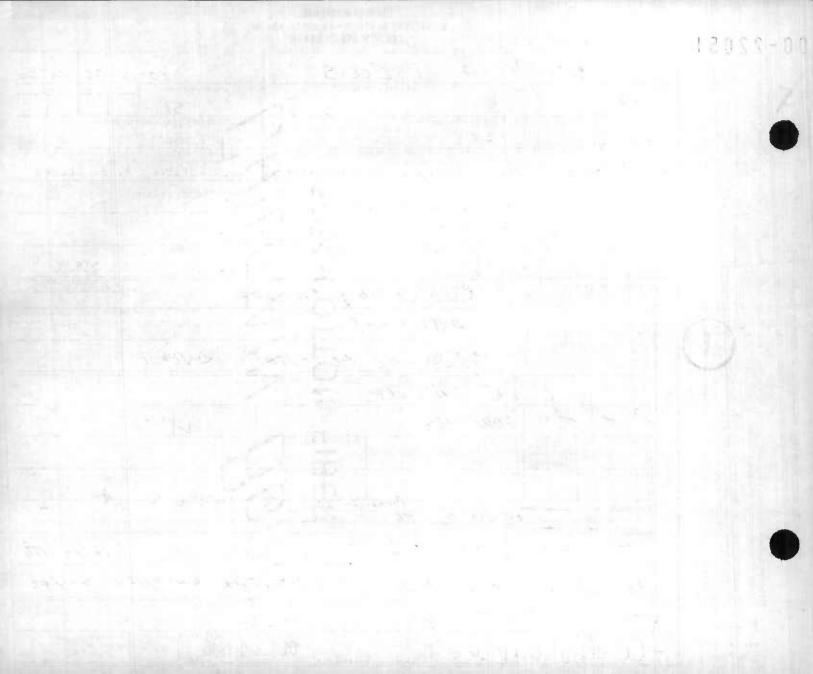
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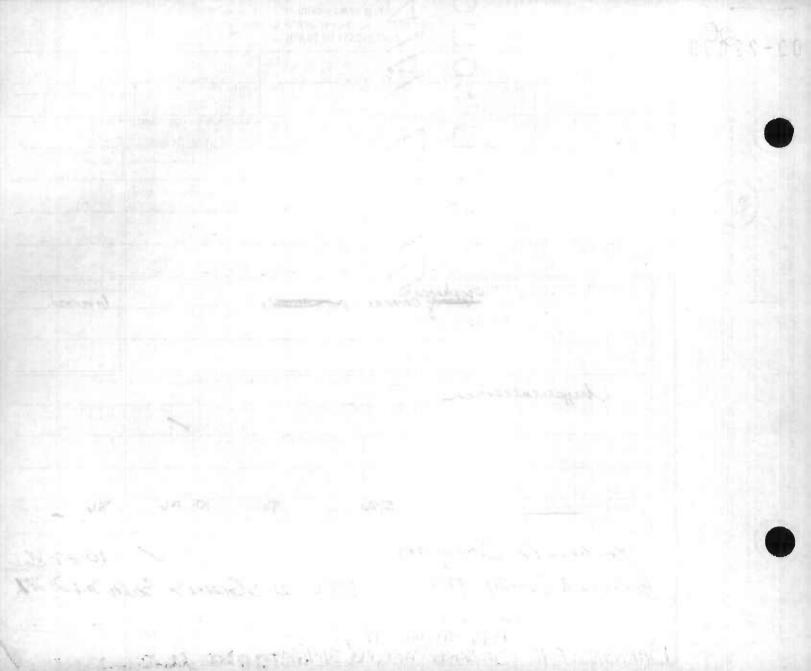
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2 2 0	0 0		CEASED NAME FIR	\$7	WIDDLE		AST	2a. DATE OF DEATH	MONTH D	AY YEAR	26 HOUR
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Ter p		3. SE	X	4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	HDAY]	ONIHS DAYS	IF UNDER 24 HRS
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DIREC Dept.	Fe		226. SIGNATURE	and mory view the bo	dy differ dediffi.		DEGREE			22c DATE	SIGNED
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR - DE EASED NAME DATE KNOWN X OF ESTI-IRECTOR.
UR FILES.
2 HOURS
V STREET, Mary Lou Fox DEATH MATED 4 RACE 3. SEX & AGE (IN YEARS | IF UNDER TYR. IF UNDER 24 HRS DATE 23 H213 LAST BIRTHDAY PRONOUNCED Fem. Cauc. 22 1931 55 DEAD 31 19 86 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED North Carolina U.S.A. WIDOWED X DIVORCED Anne Arundel ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 2ª USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) cook Harbor Inn Glen Burnie North Arundel Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Male. 13c CITY OR TOWN Anne Arundel NOX 385 Walnut Trail - 21032 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Oda MIDDLE Lowery Marian Styles DIVISION 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS 21032 NO NO NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES) 242-44-4191 Randall Philip Fox, 385 Walnut Tr. MINER: THIS CERTIFICALL WENDING EXAMINER ALGERICATE, WRITING THE WORD "PENDING EXAMINER ALGERICATE, WAS 3 SHOULD BE USED AS A BURAL - TRANSIT PERMIT. PARTING PROFESSION OF HEALTH AND MENTALL HYGIENE, DIVIDITED TO BURALLY CREMATION, OR REMOVAL. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Gunshot wound of head IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES T NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TO OR CONTRIBUTING CAUSE OF DEATH 3 1 1986 P.M. 70 Subject shot 21e PLACE OF INJURY (AT HOME 21 LOCATION 21d INJURY OCCURRED AT WORK AT WORK EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) 385 Walnut Crownsville 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Homicide X Undetermined manner Natural causes Accident TITLE (SPECIFY) Assistant MEDICAL EXAMINER EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn St. Balto.MD. 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Baltimore, Maryland Cremation 11/5/86 Security Process 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE **DHMH - 17** Joseph N. Zannino, 263 S. Conkling St. (VR A15 ME (5))

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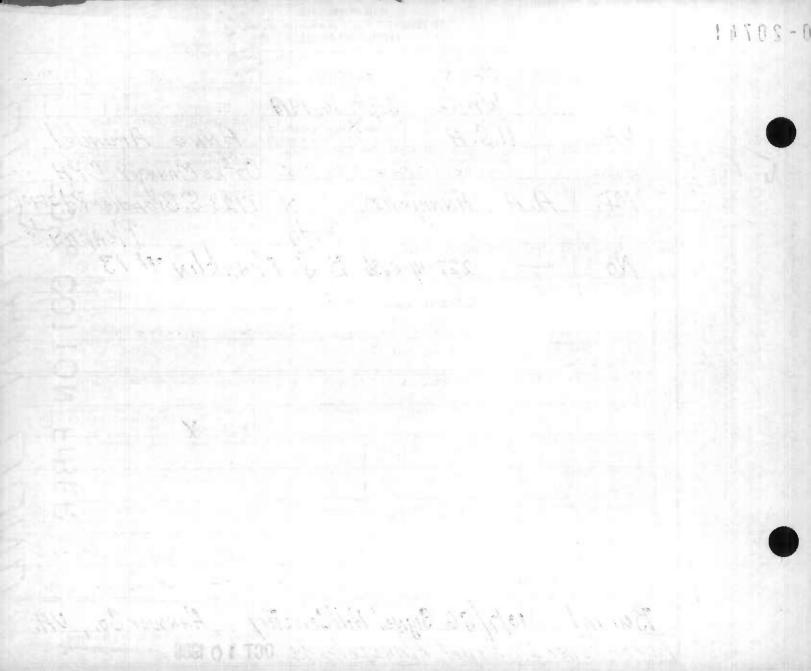
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Glen Burnie, Maryland

Home

Singleton Funeral

FOR

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DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND

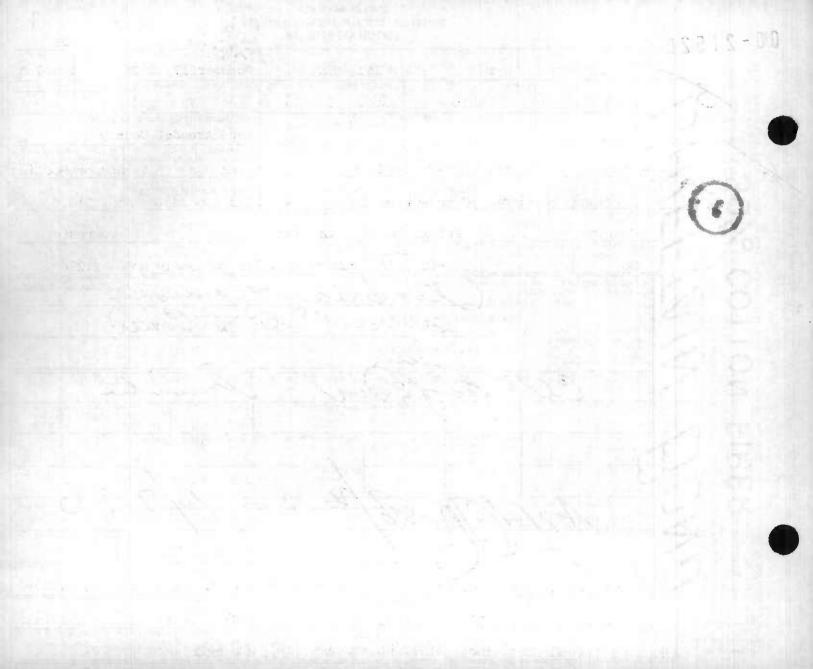
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 32

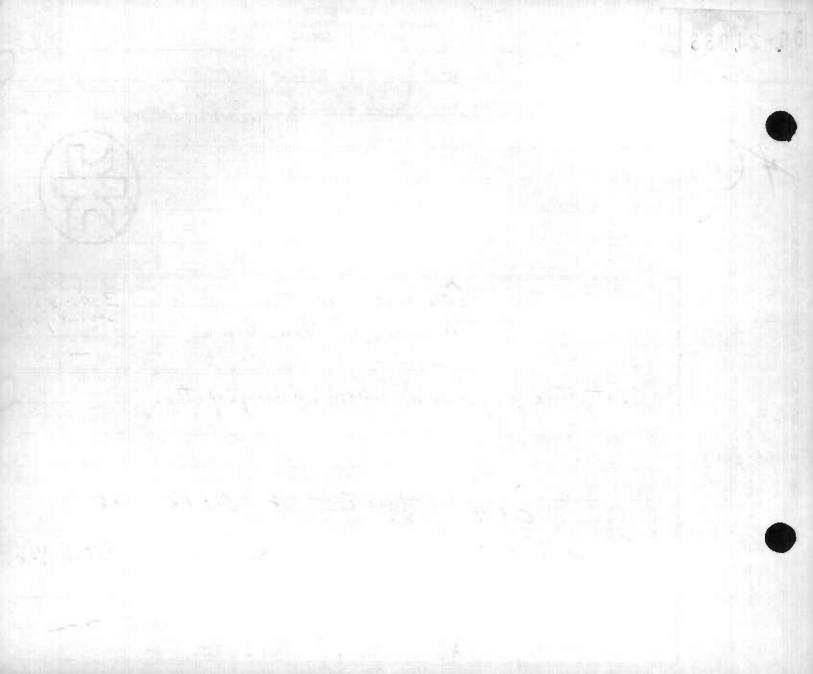
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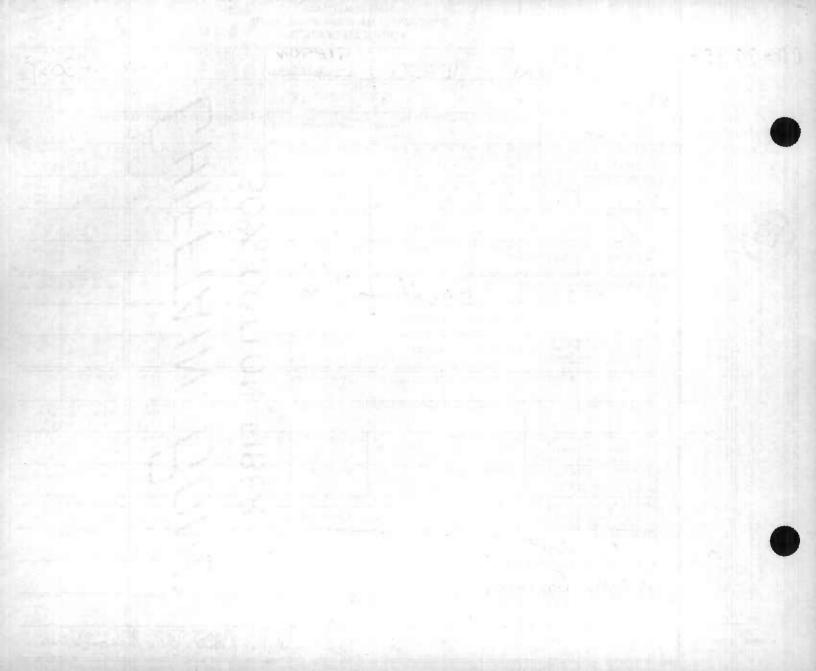
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 1986 GERARD TYPE OR PRINTE Dominick 3. SEX 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF LINDER LYEAR IF UNDER 24 HRS MONTH DAY VEAR Male White March 26, 1907 79 YRS TO BIRTHPLACE I STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED West Virginia U.S.A. WIDOWED DIVORCED [GLEN BURNIE 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

(IF NORTHER ARCHIDE LADE OSPITAL) 12a. USUAL OCCUPATION 12h, KIND OF BUSINESS OR LIYPE OF WORK FOR MOST OF WORKING HEE Barber USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONI 13a. STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Maryland Anne Arundel Glen Burnie 134 Dorchester Road 21061 NO X 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE FIRST MIDDLE West Gerard Marv UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS 17 INFORMANT IYES, NO OR UNKNOWNS HEYES GIVE WAR OR DATEST None 232.22.9994 No Rose V. Gerard (wife) Same as 13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) PART I. DEATH WAS CAUSED BY: wee IMMEDIATE CAUSE to: Lastolic Pancreatic Carainoma Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20h. IF YES, WERE FINDINGS USED 20g AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO 710. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 21d. INJURY OCCURRED 211. LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY NOT WHILE 22a I certify that (1) (this hospital) oftended the opceased from sow the deceased alive ., and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 77h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF Oct. 19,1986 old be detch the Stote MPORTANT 22d. PHYSICIAN'S NAME (TYPE 22e ADDRESS LONG S. HSU, M.D. GLEN BURNIE, MD 21061 Should with t 23a BURIAL CREMATION, REMOVAL 73b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) Glen Burnie Ma TATE Burial Oct. 22.1986 Glen Haven Mem Park 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 60M 7/84 Singleton Funeral Home, Glen Burnie, Md. (VRA 15, 4)

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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MEN

W. Montgomery Av., Rockville, Md. 20850

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	I DECEASED NAME EIRST (TYPE OR PRINT) Wir	MIDDLE A.	Gill	October 20,	1986 2:40A AM
	3 SEX	4 RACE	S DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1	Male	Caucasian	June 9, 190	ves 85	MONTHS DAYS HOURS MIN.
	To BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARK	BALTIMORE CITY OR COUN	
	Mississippi	United States	WIDOWED DIVOR	Anne Aruna	MU
)	Annapolis	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE Annapolis Co	ing home or other instituted appression of the content of the cont	tr. Director	126 KIND OF BUSINESS OR INDUSTRY Banking
0	USUAL RESIDENCE (IF NURSING HOME OR 13a. STATE 13b COUN				
1		Arundel Arnold	YES NO	am.	
1	14 FATHER'S NAME	MIDDLE LAST	IS. MOTHER'S MA	IDEN NAME	
1	Wirt	Gill	Marc	MIDDLE	Stevens
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC			Carolina, 28717
	no pres no or orangement press of	218 38	8299a Jamie Gil	1 Sutton, PO Box 11	29, Cashiers.
)	Conditions, if ony, which gave rise to immediate couse (o), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (O) 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	DUE TO, OR AS A CONSEQUENCE OF THE PROPERTY OF	covascular Ac	THE TERMINAL DISEASE OR CONDITION (GIVEN IN PART I (a) YES, WERE FINDINGS USED THEYING CAUSES OF DEATH?
\	A T			YES NO X	YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL IF EITHER NOTHEY MEDICAL EXAMINER 210. IN JURY OCCURRED WHILE NOT WHILE AT WORK	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	OCCURRED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
	220. I certify that (I) (this hospi saw the deceased alive on above (I) (we) (Iid) (did no	tal) attended the deceosed fram Sept 24 1) view the body ofter death.	86, and that in (my) (aur)	opinion death occurred on the date and h	
	226. SIGNATURE	Utun		NDING MEDICAL STAFF	10/20/86
	Jack R. Li	chtenstein, M	1.D.	207 Ridgely Aven Annapolis, Maryl	
	230 BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	Oct. 23.1986 R	NAME OF CEMETERY OR CREMOCKVILLE Cemete	rv Rockville.	COUNTY STATE Maryland
	NAME NAME	A. Pumphrey Fu		250 DATE REC'D, BY REGISTRAR 256 REG	ISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

300

(VRA 15, 4)

-21363	1 - FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 2	7320 EDT
2 74	T DECEASED NAME SAMUEL	(NMI)	GRAY	OCTOBER 15	1986 "1259 P
4 may b	1.5EX	4. RACE	5 DATE OF BRTH MONTH DAY YEAR	4. AGE (IN YEARS LAST BRITIDAY)	F UNDER LYTAK F UNDER 24 HRS. MONTHS DAYS HOURS MAY
20 000	Male	Black	Sept. 04 1921	65 YRS.	OFDEATH
	74 BIRTHPLACE BLATE DAPONEGO COUNTRY Maryland	THE CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED X		EL COUNTY
1 1517	GLEN BURNIE	"NORTH-AREADE		12s. USUAL OCCUPATION (TOPL OF WORK FOR MOST OF WORKING OF	12b KIND OF BUSINESS OR INDUSTRY
00)	Maryland Anne	Arundel Friends	THE PER NO SE	Jewell Rd.	20758
1640	Samue1		Sr. Bertha	MIDDLE	Rawling
IIMORE or ond of thopses	I ME WAS DECEASED EVER IN U.S. A (19 TE) O NO	IRMED FORCES?		ADDRESS Jacks Friendsh	ip, Md
PRESTON ST., BAI the death certificate the antending physic sample on temporal emotion, or temporal entition of temporal	Conditions, if any, which gave rise to immediate cruste ior, starting the	DUE TO, OR AS A CONSECT	ENCE OF CO	ion	BITWEEN CHIEF AND DEATH
DIVISION OF VITAL RECORDS, 201 W ING PHESICIAN. The law requires that to the thin deligible but been vigined by to as the buriol transit permit. Then please th and Mental Hig ene prior to buriol, are acked owdering shows any injury, or other disked owdering shows any injury, or other	PART 2. OTHER SIGNIFICAN' PART 2. OTHER SIGNIFICAN' 19s. DATE OF OPERATION 21s. ACCIDING WAS UNDERLYING		DEATH BUT NOT RELATED TO THE TER	20s. AUTOPSYS 20s. IF YE IN CERTI	VEN IN PART To
A STATE OF VITA	The condition of the California Co.	MATH HOUR A.M. MONTH I	YEAR	IRRED TENES NATURE OF HOUSE IN ITEM 18.	- bed - bed
MVISION C offending the this ce the boris	A MUST DESCRIBED WHITE DESCRIPTION OF THE PROPERTY OF THE PROP	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	TARM LTC.) 211 LOCATION	CIN DA TOWN	COUNTY STATE
ATTENDO Mother or SCTOR: A SCTOR: A of for uses of for uses of for uses of for uses	saw the deceased alive above, (1) (we) did) (did	pital) attended the deceased from 50 19 19 19 19 19 19 19 19 19 19 19 19 19		in death occurred on the date and has	
10 HOSPITAL OR separate by the lot TO FUNERAL DIRECTOR WITH The Steeler Dray IMPORTANT. If the	224 PHYSICIAN'S NAME THE ELMO N. G	AYOSO, M.D.		SALTE OF TREDERIC	K ROAD 16/86
2 € 2 € ₹ ≧ /	The BURIAL CREMATION RAMOV. Burial		Mt. Hope Chr. Cem.	Sunderland Ca	lvert Md
DHMH - 16 60M 7/84 (VRA 15, 4)	Spencer E. Sewel	1 Box 31 Prince	Frederick,Md OC	T 1 6 1986	TRARS SIGNATURE

02277 9 9

00-21162	1.	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 2	7321
noy be redeath		OR PRINT) Katha	rine Fullerton	rimes	20. DATE OF DEATH MONTH	19/86 945AM
oge 4 mo rector. po	3. SE.	Female	White	5. Date of Birth Month 2/19/10	6. AGE (INYEARS LAST BIRTHDAY)	
death. Po	W	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	HANNE HI U	ndel MD.
201 ors ofter d by the fu filed with) /-	NNAPOIS	39 Select L	are once	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LETTLE R.	12b. KIND OF BUSINESS OR INDUSTRY
LAND 21 Inn 24 hou should be emastro	13a.	AL RESIDENCE (IF NURSING HOME OR 13) COUN HALL	ROTHER INSTITUTION GIVE RESIDENCE BEFORE NTY 131. CITY OR TOW HUNDER HUN		13 STREET ADDRESS / ZIP CO	Ele Dine
E, MARYL completely 1 orac si	7	nurt Elm	MIDDLE FULLERT MED FORCES? 1166 SOCIAL SECU	on Mamie	Russell	Williams
BALTIMORE, cote be execu- toric and of appers. Pages I val.		VASOECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV	- 213 de	10777 Joan 1	-owman -	ame as H13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), an D BY: TE CAUSE (o)	Breast Co	aucev	BETWEEN ONSET AND DEATH 3 YUS.
RDS, 201 W. PRESTON ST equires that n signed by the attendance to bariol, contraction of the broad price of the bariotic contractic	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION (GIVEN IN PART 110
AL RECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES NO NO IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{ NO } \)
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirentending physicion. After this certificate has been signs at the buriol-transit permit. Then the and Mental Hygiene prior to be not overed or been its shew cony injuny orked or been.	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR . 19	RRED (ENTER NATURE OF INJURY IN ITEM	IS PART I ORPART 2)
DIVISION ING PHYS T offer this as the but Ith and M. Inched or	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, I	000	CITY OR TOWN	COUNTY STATE
ATTENDI Spital or STOR: A for use of Heal		saw the deceased alive an abave, (I) (we) (did) (did no	ital) ottended the deceosed from	& , and that in (my) (aur) opinion	, to, to and the date and I	
OOSPITAL OR A ned by the ho loud be detoched with Store Dept		226 PHYSICIAN'S NAME (TYPE O	E. Selonio	ATTENDING PHYSICIAN 1226. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	10/10/86
TO HOSPITAL TO FUNERAL Should be de with the Storic	0.0	Stuart E. S	selonicu, mi	O. SI Frauli		polis, Wid. 21014
ВР		BURIAL, CREMATION, REMOVAL (SPECIFY) UNERAL DIRECTOR	Oct 13,1986 S	t. Paul's Churc	CITY OR TOWN	E AA ME
DHMH - 16 60M 7/84 (VRA 15, 4)	to	NAME	al Chapel-An		T 1 6 1986	Thirty Boles "

J. Gonce 4001 Ritchie Hgwy Balto Md

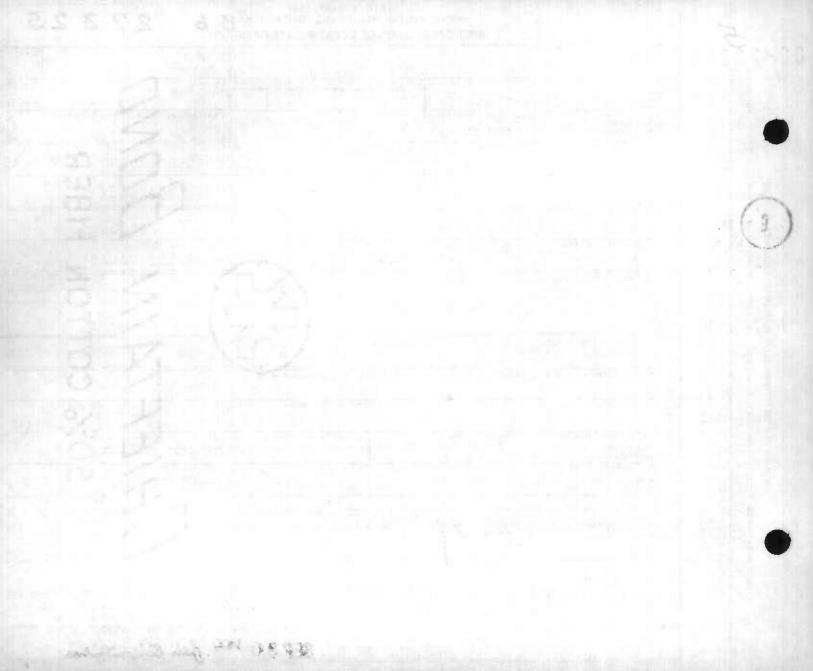
DHMH - 16 50M 4/83 (VRA 15, 4)

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AND DESCRIPTION OF THE PARTY AND THE PARTY A			10 20 10 10 10 10 10 10 10 10 10 10 10 10 10		

-20699	1	FOR - STATE REGISTRAR			DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE 8 6	273	23
moy be the shorts	1	PECEASED NAME PE OR PRINT) SEX	PIRST A RACI	F. MIDDLE		ATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) - 4-86 1 IF UNDER 1 YEAR	2b HOUR 1111 M IF UNDER 23 HRS
\$ 95 5		m	ale	(auc)	1	MONTH 2 - 19 - 24	62	YRS.	HOURS MIN.
A 42 /40	7a	BIRTHPLACE (STATE OR F	OREIGN 7b. CITI	ZEN OF WHAT CO	DUNTRY? 8.	ARRIED WEVER MARRIED	9 BALTIMORE CITY OR CO	UNTY OF DEATH	
		ew York		ted State	es wi	OOWED DIVORCED	Anne Arundel	County	MD.
DE NA	10	CITY OR TOWN OF DEA		ME OF HOSPITA		OME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR		BUSINESS OR
No.		nnapolis	Anne	e Arunde	1 Genera	al Hospital	Engineer		Researc
		UAL RESIDENCE (# NURS I STATE D	ing home or other in 136 COUNTY Anne Arus	13c. CITY	ORTOWN	13d. INSIDE CITY LIMITS? YES NO X	13e STREET ADDRESS / ZIP 975 Woodland	CODE Circle/214	101
A. No. 1	JH.	FATHER'S NAME	MIDDLE		LAST	15. MOTHER'S MAIDEN NA			
A B BE	Us	ebastian	Mobile	Guar		Carmella	WIDDLE	Vinzi	
d co	1160	WAS DECEASED EVER	IN U.S. ARMED FO		CIAL SECURITY		ADDRESS		
Pog n		Yes	WW II		-14-181	Clarisse Gua	rino (Same as	# 13)	
RDS, 201 W. P equires that the Than please ser- to burial, crem rijury, or other	njury, or other	gove rise to imm cause (a), statin underlying couse PART 2. OTHER SIGN	g the DL	(c) CONTRIBU		OF BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITIO	DN GIVEN IN PART 110	
AL RECO	NOTA DISILOR	190 DATE OF OPERAT	19b	. CONDITION FO	R WHICH OPER	ATION WAS PERFORMED	200 AUTOPSY? 20b	IF YES, WERE FINDING CERTIFYING CAUSES O YES	GS USED OF DEATH?
DIVISION OF VITA NG PHYSIC (AN. T otheroding physic) the ribs certificate as the burnol storm th ond Meetic! Hyg orked or fem.[8 sh	MEDICAL CES	OR CONTRIBUTION TO	AUSE OF DEATH	OUR A.M. MO P.M.	NTH DAY	/EAR 19	RED (ENTER NATURE OF INJURY IN I	IEM 18 PART 1 OR PART 2}	
Olvision of the first of the board of the bo	AFD	21d. INJURY OCCURR	HE []	PLACE OF INJUI HOME, STREET, FACTO		21f LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TENDS pital or TOR, A for use of Healt		220.1 certify that (1)			19	and that in (my) (our) apinion	death occurred on the date of		hat (I) (we) last auses stated
74, OR 34 OA, DIRECTOR OF A CO. TO THE DESCRIPTION OF DESCRIPTION OF THE DESCRIPTION OF THE PROPERTY OF THE PR		27b. SIGNATURI	1/2	my -	7	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE S	IGNED
D HOSPITAL Pointed by 1 O FUNERAL Could be de-		22d. PHYSICIATS NO	Ber	rez	MD	Same as # 11			
R. E. E. S. S.	23	BURIAL, CREMATION,	REMOVAL 236.	DATE	23c NAME	OF CEMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
BP		Burial	10	0 - 7 - 80	6 MD Ve	eterans Cemetery	Crownsville	, A. A.,	MD
DHMH - 16 60M 7/84 (VRA 15, 4)	24	FUNERAL DIRECTOR NAME AROANCO FU	NERAL H			00	E REC'D. BY REGISTRAR 256 R	REGISTRAR'S SIGNATU	RE
						21116			

10-20-0 P 2 2 2 3 4

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) EST1-DEATH MATED DANIEL HARDER R. 10-26-86 4 RACE 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED CAUCASIAN 11-8-65 20 DEAD 10-26-869 2:30R 76. CITIZEN OF WHAT COUNTRY? 7a BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | NEWS YO'R'K U.S.A. WIDOWED DIVORCED Anne Arundel County ID. CITY OR TOWN OF DEATH II NAME OF HOSPITAL NURSING HOME Annapolis Anne Arundel Co. General Hosp. 138 INSIDE CITY LIMITS? 136. STREET ADDRESS TOP 113b. COUNTY 21403 ANNAPOLIS ANNE ARUNDEL 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME OSBORNE MIDDLE REBECCA MARTIN HARDER 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** 085-44-9488 MARTIN J. HARDER RD2 VALATIE, N.Y. NO 121841 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING DOR passenger in an auto/auto collision CONTRIBUTING CAUSE OF DEATH 2 IE PLACE OF INJURY (AT HOME. 211. LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK Defense Hawy. & Heritage Hills Dr. Crownsville, hawy. Maryland PAGE 4 SHOULD BE FORW
TO FUNERAL DIRECTOR: PY
AFTER DEATH, WICHTHE ST.
BATTMORE, MARYLAND, 2 Autopsy X 22a. I certify that I took charge of the re-using described above, held an Inspection and in my opinion death resulted from: Notural couse Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 10-27-86 M.D. Assistant MEDICAL EXAMINER SIGNATURE. EXAMINER'S NAME 111 Penn Street Gregory R. Kauffman, M.D. (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION BURIAL STATE documbia NEW YORK 10-30-86 WOODLAWN NIVERVILLE 07/84 25M 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** FUNERAL HOME 1015 KINDERHOOK ST. ST. (VR A15 ME (5))



		١,	FOR G-62		art-2,G-1 19/86		M . E STATE				YGIE	4	27	32	6
10-2	22600	1. DE	REGISTRAR (ibj. (dele	ted_Pat 2 MEI	MIDDLE	EXAMINE	R'S CI	ERTIFIC	CATEC	F DEA	H RE	G. NO.	DAY YEAR	Izb. HOUR
. 0			PE OR PRINT]	BARE		E.		HART		9 4		OF ESTI- DEATH MATE	D 0 10-	26-86,	N
	MARY PLEASE IL DIRECTOR. FOUR FILES. TO STREET,	Fe Fe	male	White	S. DATE OF BIRTH	82	6. AGE (IN YEARS LAST BIRTHDAY) 4 YRS		DAYS	IF UNDER		RONOUNCED DEAD	10-	26-86 ₉	14 HOUR 5:32a
	Z SPECIAL SPEC	FC	IRTHPLACE (5) DREIGH COUNTRY) Japan	TATE OR	U.S.			MARRIEI		VER MARR	IFD IX I	ne Arund	Toronto.		
y	SHAPE Z	10. C	or town	rnie	11. NAME OF HOS (IF NOT IN SUCH FAIL NORTHATU	PITAL, NUI CILITY, GIVE S ndel	RSING HOME, (IREET ADDRESS) HOSPita	OR OTHE			120 USUA FOR MC	AL OCCUPATION OST OF WORKING LIFE	TYPE OF WORK		USINESS TRY
21201	ANNY OF THE PROPERTY OF THE PR	130. S	Md.	13b. COUN A • A		13c CITY	or town Burn	ie	YES 🗌	NO 🔀	754	Nabbs	21061 Cree		
ORE. MD			Jose	ph	MIDDLE E		Hart		FI	R'S MAIDE RST Robin	ENNAME	M.		Kotoski	L
ALTIM	JRS AFTER 8. GIVE PA WITH FOR T. PAGES I DIVISION	160. \	NO OR UNKNO		MED FORCES? WAR OR DATES) ly one cause per line	1	IAL SECURITY I		Jose	eph E	. Har	t Sa	ime as		
CORDS, 201 W. PRESTON ST	CRTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUTING THE WORD "PENDING" IN PENCIL IN ITEM 18 DED TO THE CHIEF MEDICAL EXAMINER ALONG VIS SHOULD BE USED AS A BURIAL. TRANSIT PERMIT PERMIT PERMIT HAND MENTAL HYGIENE, I PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Condition gave ricouse (a)	IMMEDIA' ns, if ony, which se to immediate stating the <u>under</u> use last.	TE CAUSE (o) OR	enger as a con as a con	ital ho	eart-	dise	ase					
VITAL RE	SHOULD ORD "PER CHIEF M BE USED A VI OF HEA BURIAL, O	CERTIFICATION		OPERATION AL CAUSE WAS			WHICH OPERAT		1		Ø.				Y? NO 🗆
DIVISION OF VITAL RECORDS,	ERTIFICATE ING THE W SEPARTMEN PRIOR TO B	MEDICAL CE	UNDERLYING CONTRIBUTION 21d INJURY C	OCCURRED	216. TIME OF HOUR A.M DEATH P.M 21e PLACE C STREET, FACT	MONTH	19 (AT HOME,	211 LOC	44	OCCURRE		TURE OF INJURY IN IT			
٥	WARE WARE PAGE 2120	2		NOT WHILE C	1							CITY OR TOWN		DUNTY	STATE
•	EXAMINER CERTIFICAT ULD BE FO DIRECTOR WITH THE	13%	death result		ral causes	Accided	held an	Autopsy de .	Homic TITLE (SI	PECIFY)	Undeter	Inquiry [],	and in my o		27-86
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO ENDERTOR! AFTER DESTAY DIRECTOR! BALTIMORE, MARYLAND,		EXAMINER'S (TYPE OR PRI	11)	egory R. H	Kauff	man, M.	A.D	ASS1	stant 111	MEDIC	AL EXAMINER Street	DATE SIGN	ED	27-00
07/84					10/29/86		en Have					"Burni			idie
25M	DHMH - 17 (VR A15 ME (5))	Ğé	OUCE DIREC	Gonce 4	001 Ritch	ie H	gwy Bal	to Mo	1	250. DATE	77 0	1986	REGISTRAR'S	SIGNATURE	- 1

the transfer of the production of the second section of THE BOOK WAS THE SHEET.

	1			STATE	OF MARYLAND		en 17	2 1
	11.	FOR STATE	DEP		ALTH AND MENTAL HY	GIENE 3 0	6. 1 %	3 6 1
21561		REGISTRAR		CERTIFI	CATE OF DEATH	REG. NO	О.	
3		CEASED NAME FIRST	MIDDLE	LA	ST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
poge 3		(MA) 1	oric J.	Har	rman		10 8 86	100
The of	I SE	x	4 RACE	5. DATE OF		6. AGE (IN YEARS LAST BIR	MONTHS DAYS	IF UNDER 24 HRS
ge 4	1	FEMALE	CAUCASIAN	нтиом	10 21	65	YRS	HOURS MIN.
2 02 80		IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	TRY? 8	□ NEVER MARRIED □	9 BALTIMORE CITY O	R COUNTY OF DEATH	
1 17	M	ARYLAND	U.S.A.	WIDOWED			rundel	м
1	1	ANNOPOLIS	11. NAME OF HOSPITAL, NU JIF NOT IN SUCH FACILITY, GIVES	UND C	Cen.	ULATIMS "AT		OF BUSINESS O
	13a M	ARYLAND ANNE	OTHER INSTITUTION, GIVE RESIDENCE IN A RUNDELL EDG	EWATER	13d INSIDE CITY LIMITS? YES \(\) NO \(\)	137 STEES ADSTITS I	REPORTIVE 2	1037
1 16/12		THER'S NAME GEORGE A.	MERRITT'		IS. MOTHER'S MAIDEN NA MINN'TE	AME	HUTCHESON	ist
Poper /	160	MAS DECEASED EVER IN U.S. AR		SECURITY NO. 16 7287	MERRELYN	HARTMAN SA		
that the death certificated by the attending physicose remove carbon papala, cremation, ar removal		Conditions, if any, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSI	PONENCE OF	Bleed.	Perr		
en signed Then plea in to burio	NOI	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT N	CONTRELATED TO THE TERM	1	DITION GIVEN IN PART 1	(0)
The law ion. has been it permit iene prion	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION		20a AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	INGS USED S OF DEATH? NO [
3 PHYSICIAN: T strending physici er this certificate the burial-transi and Mental Hygi ked or Item 18 sh		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	11b. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	LY IN ITEM 18 PART I OR PART 2)	
IYSICI, ding p is certi burial. Mento	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19				
PHYSi ending this ce the burn of Mer	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE FARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
offer the os the os the orked	1	AT WORK NOT WHILE AT WORK				/	4	
		22a.1 certify that (I) (this hospit saw the deceased alive on	tal) ottended the deceosed fr	om X/o	. 19/0		0 1980	, that (1) fresto
R ATTEND hospital o hospital o IRECTOR: y hed for use ept. of Heo them 21 is m		obove, (1) (we) (did) (did no	it) view the body after death.	_	I that in (my) (per) opinion	death occurred on the de		
0 0 0 0 0		276. SIGNATURE	0 R t	200	EGREE ATTENDING	MEDICAL STAI		SIGNED
	-	22d PHYSICIAN'S NAME ATTHE C	OR PRINT)	ule 1	PHYSICIAN 220 ADDRESS	MEDICAL STAF	IAN	1986
I = 124 0			Brimhaall		ANNA	polis, M	d	
5 g 5 d 3		BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CE	METERY OR CREMATORY	23d LOCATION		./
BP		BURIAL	10-11-86	WOODLA	WN CEMETER	BAltim	ONE MA	nulAu
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR			25a. PM	TE PECO BY RECORAR	25b. REGISTRAR'S SIGNA	TURE /
(VRA 15 4)	R	OBERT F FVAI	MS ANNADOLTS	MARVI	AND	01 2 0 1000	1-	

Rodney Brinkenel Anniepolis, Md

BAIRIMPRE MARRICHAU

						STAT	E OF MARYLAND		-1475		C 1 29
0710	1.	FOR STATE REGISTRAR			DEPART		EALTH AND MENTAL HYD ICATE OF DEATH	REG. N	0.	13	2 6
116		CEASED NAME	FIRST		MIDDLE	l	AST	20. DATE OF DEATH	MONTH DA	AY YEAR 2	b. HOUR
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pod .	3 SE			RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BI	RTHDAY)		IF UNDER 24 HRS
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12		TY OR TOWN OF DEATH	н 11		CH FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT		126 KIND OF	BUSINESS OR
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STATE OF MARYLAND

D. M. A. RELINES

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			STATE OF MARYLAND		a 4 1 3 25
1	FOR - STATE	DEP	ARTMENT OF HEALTH AND MENTAL HY	GIENE . 8 0	2/330
21	REGISTRAR		CERTIFICATE OF DEATH	REG. NO),
	DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
7	ALFREI		-HOFF MAN	/	0 23 86 1:50 AM
3 5	SEX	4 RACE	5. DATE OF BIRTH	6 AGE- (IN YEARS LAST BIRTH	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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41	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OF OTHER INSTITUTION	12a UPDAL OCCUPATION	Hrundel MD. 126 KIND OF BUSINESS OR
XI"	C.L	(IF NOT IN SUCH FACILITY, GIVES	TREET ADDRESS]	LEYPER F MOK A DR MOST OF	WORKING LIFE) INDUSTRY
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Yola Z		CONDITIONS CONTRIBUTING	BOT NOT RELATED TO THE TERM	MINAL DISEASE OR CONE	STILL STEEL WEAKT ING.
8 shows any injur	19a DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
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	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUR		
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ましまう	_ ^	TY OR TOWN OF DEA	ATH 1	1. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		OF BUSINESS OF
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ALL STREET	IFICATION	190 DATE OF OPERA	TION	196 CONE	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINE	
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FOR STATE REGISTRA

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	PEG 110					

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

-1	RE	GISTRAR		CERTIF	ICATE OF DEA	ın	REG. NO).			
1		SED NAME FIRST	MIDDLE		AST	20	. DATE OF DEATH	NONTH DAT	YEAR	26 HOUR	
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7				Burnie		X I	105 Louis	e Ter	race	21061	L
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Raymond C. Fink Glen Burnie, Md.

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igned by en please burial, cr	Z	PART 2 OTHER		(c).	CONTRIBUTING	G TO DEATH E	UT NOT RELATE	ED TO THE TERM	INAL DISEASE	OR CONE	ITION GIVI	EN IN PART 110	0
has been s permit. Th ene prior to	CERTIFICATION	19a DATE OF OF	PERATION	19b. COM	NDITION FOR W	/HICH OPERA	ION WAS PERF	ORMED	200 AUTO	PSY?	IN CERTIF	, WERE FINDIN YING CAUSES	
errificate ial-transit ntal Hygueem 18 sho			CAUSE OF DE	ATH HOUR	E OF INJURY A.M. MONTH P.M.	d DAY YE	AR	INJURY OCCUR					
offer this case the burner of	MEDICAL	21d. INJURY OC	OT WHILE		CE OF INJURY STREET, EACTORY, O	EFICE, FARM, ETC	211. LOCAT			CITY OR TOV	VN	COUNTY	STATE
TOR: Afor use of Healt		saw the de	at (l)*(this haspi ceased alive an we)(did)(did na		the deceased f		and that in (m	y) (aur) apinian	, to death occurred	an the da			that (I) (we) last causes stated
y the hosy the hosy of detoched detoched one Dept.	1	22b. SIGNATUI	The	Mo,	when	Ro		ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STAF PHYSIC	F IAN []	22c. DATE	SIGNED 23 8
retained by the retained by the TO FUNERAL should be det with the State with the State IMPORTANT:		22d. PHYSICIAN	'S NAME (TYPE C	OR PRINT)	J		22e ADDRE	SS					
BP	23a E	URIAL, CREMAT- SPECIFY) BUR	A REMOVAL	23b. DATE 10,	/28/86	CEDA	R GROV	CREMATORY E CEM.	23d LOCA Mif	flin	town	COUNTY	PA.
HMH - 16 60M 7/B4 (VRA 15, 4)	24 FU	INERAL DIRECTO		Funer	al Hom	RESS	anolis	250 DA	1281	986	Sb. REGISTI	RAR'S SIGNAT	URE

A cemain Assile

	1.	FOR STATE		DEPART	MENT OF H	OF MARYLAND		E 8 6	2	7 .	3 3 5
10-23038		REGISTRAR			CERTIF	CATE OF DEAT	Н	REG. NO	0.		
0 23030		CEASED NAME FIRST		MIDDLE	L	AS1	20	DATE OF DEATH	MONTH DA	Y YEAR	26 HOUR
y be		HAR	VEY	W.	IHE	RIG		10)-31-	-86	4号~
mo)	3. SE		4 RACE		5 DATE O	FBIRTH	6. 4	AGE (IN YEARS LAST BIR	THDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
ge 4 ector		MALE	MHI	TE	106	- 78-10	100	8	G YRS.	DATS	HOURS MIN.
of the dirt		RTHPLACE (STATE OR FOREIGN	76. CITIZEN O	WHAT COUNTRY?	8 MARRIET	NEVER MARRI	FD 7.1	BALTIMORE CITY O			
People (C)	100	lsconsin	U	SA	WIDOWE			ANNE A	FUNDE	L Cou	INTY MD.
3 1	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSII		R OTHER INSTITUTE		USUAL OCCUPATI		12b. KIND C	F BUSINESS OR
if the sol	A	NNAPOUS	Anne	Arundel G	enera.	L Hospital		elf-emplo		Boat	Yard
d in d in	USU. 130. S	AL RESIDENCE (IF NURSING HOME OF		13c. CITY OR TOV		13d INSIDE CITY LIA	MITS? 113	STREET ADDRESS	7 IP CODE		
fille manufacture	Ma		Arundel	Odenton		YES NO	2	860 Conwa	y Road	2111	.3
mpletely mpletely show	14. FA	THER'S NAME	MIDDLE	LAST	-	15. MOTHER'S MAIL	DEN NAME	WIDDIE		LAS	
MA de		William	М.	Thrig		FIRSI		Emma		Falk	>1
oke,		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECT	URITY NO.	17 INFORMANT	11/21	2860 ADDRE	Sway Ro	oad .	
BALTIMORE, cate be execu- cion and co creers. Pages I.	1	YES	WW I	218-42-7	685	Emily S.	Thrig	Odenton	, Mary	land	21113
SALI cro pers , the		18 CAUSE OF DEATH (Enter or		er line far (a), (b), ar	nd (c).1						MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY: TE CAUSE (0)			Stro	ne				WUS.
DN S				OR AS A CONSEQU	ENCE OF						
de d		Conditions, if ony, which	((b)_							10-01	
the end of		gove rise to immediate couse (a), stating the	DUE TO	OR AS A CONSEQU	ENCE OF						
that that d by lease rol, cr		underlying cause last.	(c)_								
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. ING PHYSICIAN: The low requires that the death certificate has been signed by the threating post the buriol-transit permit. Then please removed the nord Mental Hygiene prior to buriol, greatly an arrest or steed or them 18 shows any injury, or other mountainers.	NO	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO	DEATH BUT	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CON	DITION GIVE	N IN PART 1	0
mit. orior	CERTIFICATION	He DATE OF OPERATION	IN. CON	DITION FOR WHICH	OPERATION	WAS PERFORMED		28e AUTOPSY?	20b. IF YES,	WERE FINDIN	NGS USED
hos per ene p	F		3 5					YESTT NOW	IN CERTIFY!	NG CAUSES	NO M
NE TI Nysicide ransit Hygin Hygin	CER	23a. ACCIDENT WAS UNDERLYING	and the second second second second	OF INJURY	vor Calabay	TICHOW INJURY	OCCURRED	LENTER WATURE OF NAME		T TORPHET 21	0
Clarification of the control of the		OR CONTRIBUTING CAUSE OF DE-	MINERAL MATERIAL PROPERTY AND ALL	r.m. "MONTH D	AY YEAR						
HYS Iding or h	MEDICAL	714 INJURY OCCURRED	21e PLACE	OF INJURY		JII LOCATION	10.00	115 120	25.1	COUNTY	17478
O Planter the street the condition of th	₹	Al work	LAT HOME_E	DEET, FACTORY OFFICE	44 114	cel.		10/21	101	Courses	DTATE.
DIN OF SECOND		22s.f certify that (II) this hasp	tal) attended t	he deceded from_	4/4	186		to	1 86		that (It Twe) last
TITEN Portal TOR for u		saw the deceased alive on above, (i) (we: (did) (did no	101	50/X/210	00	d that in (my) (aur) o	opinion dest	th occurred on the do	ate and hour o	ind from the	couses stated
R A hos hos hed hed hed tem		72h SIGNATURE	() o		1	PEGREE				21c DATE	SIGNED
the the te D		Stuatt >	sel	ould	ulo	ATTENE	DING LA	MEDICAL STAF	IANTI	1/0/3	1/86
HOSPITAL ined by the FUNERAL Juild be der th the State ORTANT:		224. PHYSICIAN'S NAME (TYPE				122. ADDRECS	manufacture of the			1. 0	. 1 00
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the State IMPORTANT: H		Strart E	. Sel	ouich, 1	Mio.	51 Frau	illin i	St. Aun	apolis	und.	21014
Of one of which of the state of		URIAL, CREMATION, REMOVAL	23b. DATE	236.	NAME OF CI	METERY OR CREMA		23d LOCATION			
ВР		Burial /	NOV 3					Baltimor		COUNTY	STATE
DUMH 14 404 3/6	24 Ft	INERAL DIRECTOR	L. Cla Card	1 16000	Annano	lis Road	25a. DATE RE	C'D. BY REGISTRAR	256. REGISTRA	AR'S SIGNAT	laryland
DHMH - 16 60M 7/84 (VRA 15, 4)	В	eall Funeral Ho	me			715-3043	NOV !	5 1986	Julia D	coiden-	Randaes

brail tool | Devolope-MeE | Estimated Heart bank | Host Chard

Maryland Ame I mail of the man and Selection in 1980 Convey Hotel 2013

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THE PERSON NAMED IN

2850 Convey Board

-22839	1.	FOR STATE REGISTRAR			CERTIF	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 5	2	7 3	3 6	
		CEASED NAME FIRST		MIDDLE		AST To-	20. DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR	
poge 3	2.55	JAMES	4. RACE	A	5. DATE (ACKSON Jr.	6. AGE (IN YEARS LAST BIR	10 25	86 NDER I YEAR	0845	
ge 4 m ector. p	3. SE	M	BLACK		3. DATE O		2	YRS MON	THS DAYS	HOURS M	
1 1 1 1 5		RTHPLACE (STATE OR FOREIGN COUNTRY) RYLAND	76. CITIZEN OF	• WHAT COUNTRY	? 8. MARRIE WIDOWI	D NEVER MARRIED TO DIVORCED	ANNE ARU				
5 53	AN	TY OR TOWN OF DEATH	ANNE À	RUNDEL G		HSOPITAL	12a USUAL OCCUPATI		12b. KIND O INDUSTRY	F BUSINESS	
1 to	MA	AL RESIDENCE (IF NURSING HOME OF TATE RYLAND A. A		GIVE RESIDENCE BEFO	PARK	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE Lane	2	1/4	
(MP) RI	A F	ATHER'S NAME FIRST JAMES	MIDDLE	JACKSO	N,Sr.	IS. MOTHER'S MAIDEN NA ELEAN OR	WE	DA'	Y LAS	л	
1		MAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SEC 214-30-		17. INFORMANT BARBARA DICK	Severna Par EY 71 Hoyle	ks Md. I	de. 21146 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA		
ow requires that the death ce been signed by the attending rimit. Then please remove carb prior to burial, cremation, or a gay injury, or ather traumatic.	CATION	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION	DUE TO, CO	JE TO, OR AS A CONSEQUENCE OF (b) CONSEQUENCE OF (c) CONTRIBUTING TO DEATH BUT NOT RELATE B. CONDITION FOR WHICH OPERATION WAS PERFO				DITION GIVEN 20b. IF YES, W IN CERTIFYIN	ERE FINDIN	4GS USED	
The I	RTIFI						YES NO	YES [NO [
G PHYSICIAN: The ottending physicion of this certificate h s the buriol-transit p and mental Hygies wed og them?	MEDICAL CERTIFICATION	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DIE CHEETHER NOTIFY MEDICAL EXAMINE NOTIFY AND COURTED WHILE NOTIFY COLUMBIA	EATH HOUR A ER) P 21e. PLACE	OF INJURY .M. MONTH .M. OF INJURY TREET, FACTORY, OFFICE	19	216. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI		COUNTY	STA	
HOSPITAL OR ATTENDIN med by the hospitol or or FUNERAL DIRECTOR, after bild be detoched for use or the Stote Dept of Health ORTANT: If them 21 is mor		224.1 certify that (II this hosp sow the decentral live a above (I) well shidy did n 77h. SIGNATURE 226. PHYSICIAN'S NAME (TYPE	of new the body	7/25 10		nd that in (my) our) apinion DEGREE ATTENDING PHYSICIAN [122e ADDRESS	, to	F /	d from the		
TO HOSPITAL retoined by 4 TO FUNERAL should be det with the Store		BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY ER HILL CEME.	23d LOCATION ROUND Ba	y A.A	Mar	yl and	
	24 F	BURIAL	10-29 apolis,	Md. 2140	ARPENI	ER HILL CEME.			'S SIGNAT		

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FOR

- STATE

DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE Oct 27, 1986 Security Process, Inc. Md. Cremation Catonsville Balto. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Singelton Funeral Home Glen Burnie, Maryland [1]

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

26 HOUR

126 KIND OF BUSINESS OR

General Motors

Loppi

APPROXIMATE INTERVAL

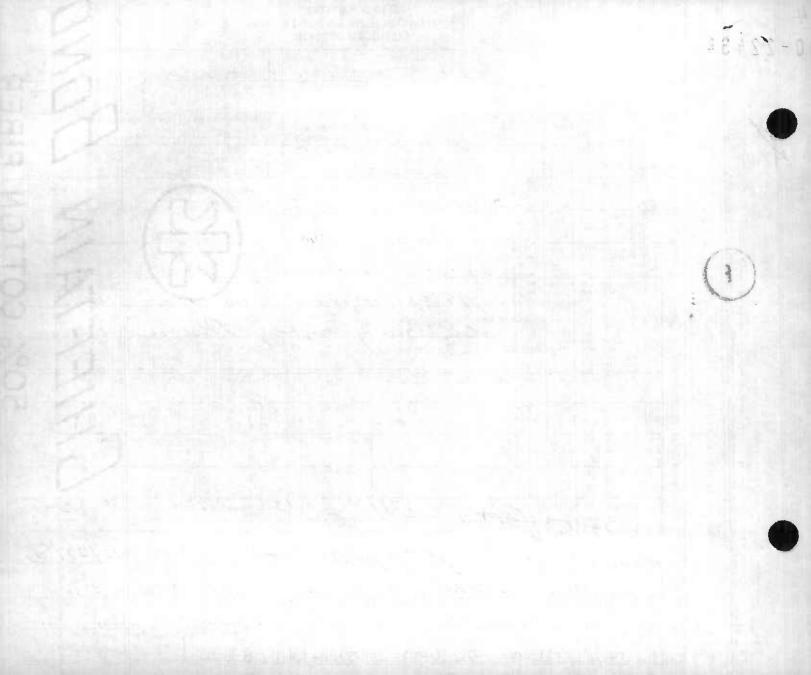
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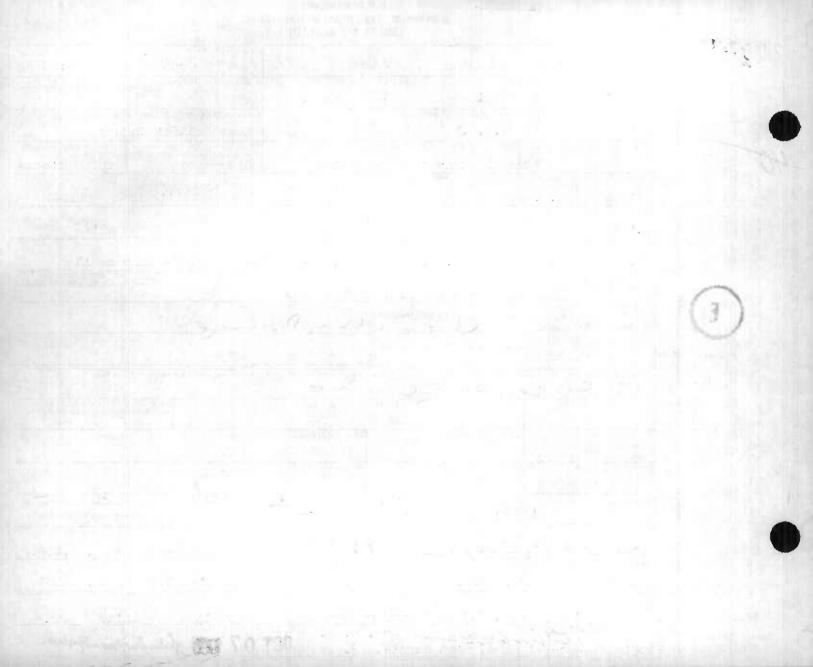
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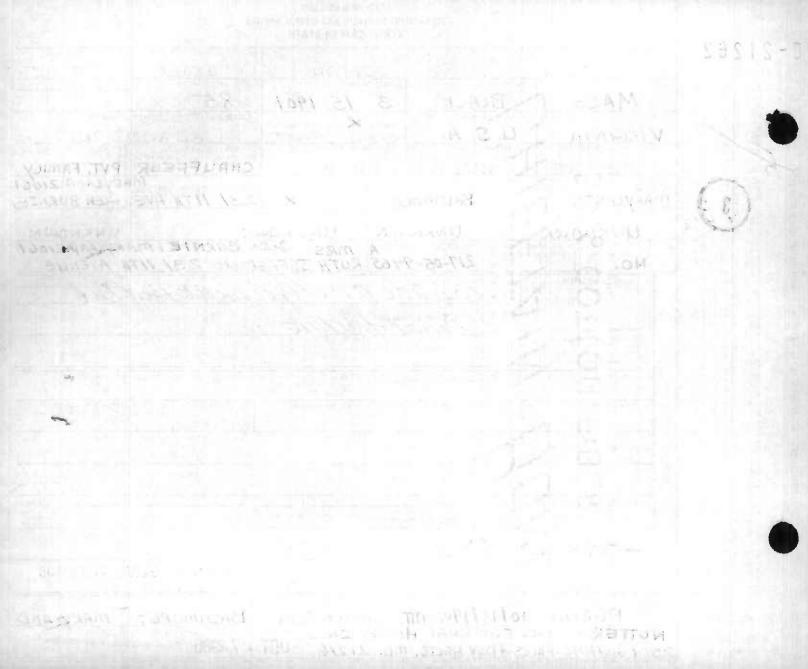
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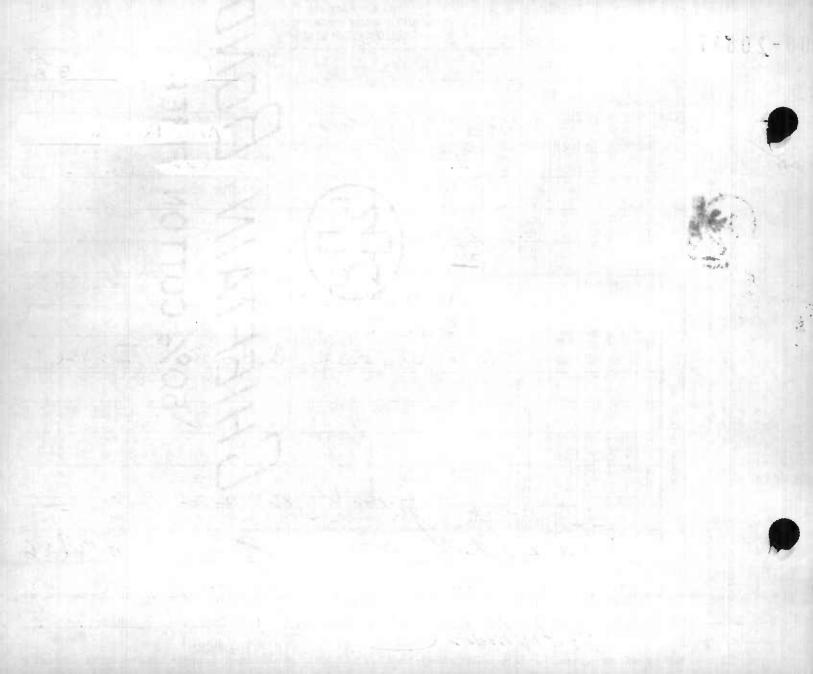


	1			STATE OF MARYLAND		17773						
	11.	FOR STATE	DEPARTA	NENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 6							
-21262	1.00	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	EUT PAY YEAR 125 HOUR						
21202		E OR PRINT)	MIDDLE		20 DATE OF DEATH MONTH	29. 1100K						
page r deo	3 SE	HALTER	4. RACE	JEFFERSON Is. Date of Birth	6. AGE (IN YEARS LAST BIRTHDAY)	14. 1986 0237M F						
offer, p	3 35	MAIE	BLACK	3 /5 /90/	85	MONTHS DAYS HOURS MIN.						
	Jan B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8.	9 BALTIMORE CITY OR COUN							
1 15	多	IRGINIA	U.S. A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARU							
197	11/0	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR						
5	1	GLEN BURNIE	NORTH ARUND	COLOR III NO COLOR DE LOS DE L	CHAUFFEUI	R PVT. FAMILY						
1	13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION) 1 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	MARYLAND 21061						
7 19 32		IARYLAND H	BALTIMOR	YES NO	1231 11TH AV	E. GLEN BURNIE,						
1	119 F	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME	LAST						
B 80 /3/0	41	UNKNOWN	UNKN	DWN LINKNOU	NW	UNKNOWN						
nd co		WAS DECEASED EVER IN U.S. AR	E WAR OR DATES)			MARYLAND 21061						
. Poo Be		No.	217-05-9	965 RUTH JEFFE	ERSON 23/11	ITH AVENUE						
ysicing ysicing your		18 CAUSE OF DEATH (Enter or PART I, DEATH WAS CAUSE	aly ane cause per line for (a), (b), and	licit a man 5	1 = 11	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH						
a ph on p emo even			TE CAUSE (0) Carcle	ac a mes, c	Duycello Ha	it sub						
or respective		DUE TO, OR AS ACONSEQUENCE OF										
he death c ne attendin motion, or r froumatic		Conditions, if any, which	(16) Kena	failure								
. + 0 0	1	gave rise to immediate couse (0), stating the DUETO, OR AS A CONSEQUENCE OF										
es that ned by please urial, cr		underlying couse last (c)										
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO D	EATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	SIVEN IN PART 1101						
low requirements of permit There is prior to be well as only injury to	CERTIFICATION	190. DATE OF OPERATION	TIGH CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED						
Derit Perit	J E		The contained of the contained	OF ENTITION WAS TENT ON MED	IN CER	TIFYING CAUSES OF DEATH?						
sicio sicio marte h	ERT	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21r HOW IN IURY OCCUR	YES NO RED (ENTER NATURE OF INJURY IN ITEM I	YES NO						
physical triffical il-from 18 m 18 m		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH DA	Y YEAR	CENTER INATIONE OF INJUNE IN THEM	o PARI I ORPARI 2)						
ING PHYSICIAN: The contending physicion (ther this certificate hos the burdi-troons) for the hord Amentol Hygier arked or them 18 show	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e PLACE OF INJURY	19 211 LOCATION								
G PH offen offen s the l	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA		CITY OR TOWN	COUNTY STATE						
			tal) attended the deceased from_	, 19	, to	. 19, that (I) (we) last						
ATTEND ospital oscillaria		sow the deceased alive an	1) view the bady after death.	, and that in (my) (our) opinion	death occurred an the date and h							
OR A DIREC DOREC Dept		22b. SIGNATURE	TI VIEW THE BODY OTHER GEOTH.	DEGREE		22c. DATE SIGNED						
AL O AL D detac are D IT: H		5TO au	un war	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN							
TO HOSPITAL retoined by the TO FUNERAL should be deta with the State IMPORTANT: P		22d. PHYSICIAN'S NAME (TYPE C	PR PRINT)	22e ADDRESS	J20 HOSPITAL DR	TVE SITTE 108						
TO HC etoine should with the	70	TAMES G.	WIND.	GLEV R	GRNIE MARYLAND							
5 5 5 4 3 E	23a	BURIAL, CREMATION, REMOVAL	236. DATE 23c N	AME OF CEMETERY OR CREMATORY	23d. LOCATION							
BP		BURIAL	10/18/1986 m	T. AUBURN CEM.	BALTIMORE	MARVIAND						
DHMH - 16 60M 7/84	24	NUTTER + SOI	US FUNERAL H	OME, INC, 250 DAT	E REC'D. BY REGISTRAR 256. REG							
(VRA 15, 4)	2	501 GWYNNS FA	LLS PKWY BALTO.	mo. 2/2/6 OCT	T 1 7 1986	sent course for ing						



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			FOR STATE			RTMENT OF H		NENTAL HYG	IENE 6	2	1 3	1 4	U
nn-	21651	-	REGISTRAR		MEDICA		R'S CERTIFI	CATE OF E	DEATH	REG. NO.			
0 0 -	21034		CEASED NAME OF PRINT)	RST	MIDDL	LE	LAST		20 DATE KN	STI-	NAD HINC	YEAR	26 HOUR
	SS. S.S. C.		1<1	24	Su	gene	Joh.	NSOL		ATED	101	3 1985	
	PLEASE CCTOR. FILES. HOURS TREET,	3. SEX	4 RACE	5. DA	TE OF BIRTH	6 AGE (IN YEAR		IF UNDER 24 H		MC	NIH DA	Y YEAR	2d HOUF
	ARY, PLEASE I DIRECTOR. YOUR FILES. N 72 HOURS TON STREET.	132	m Ne	4/2	1 23 5	2 34	MONTHS DAYS	Hours	PRONOUNCE DEAD	1	19 /3	188	2030
	ALL	a BI	RTHPLACE (STATE OR	7b. C		OUNTRY? 8	EV.		9 BALTIMO	E CITY OR CO	DUNTY OF		
	NECES		REIGN CONTRAL		45		MARRIED NE	DIVORCED		17	A		MD
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-	D N N N	USU A			R INSTITUTION, GIVE RESID			Co can			12/	11	
2120	\$\$\$\$\$\$C	13a S	and 13b.	COUNTY	A 13c.	HNNAP	13d INSIDE	NO [STREET ADDRESS	ANN	Apo	1/3	24.
04	-120 XX	IA FA	THER'S NAME	MIDD	DLE	LASI		FIRST MAIDEN N	MIDD	LE	0	LAST	
1/4	SPERMEN	1	CHARLES	MiDD L		JOHNSO	N	Section 1	NAOMI		BRYA	TK	
WO	La Ova Zuni	16a. V	VAS DECEASED EVER IN U.	S. ARMED FO	0.1755)	SOCIAL SECURITY	NO. 17 INFOR		polis, M			51-31	
5	URS AFTER B. GIVE P. WITH FO T. PAGES I DIVISION	Y.	ES (IF YE	/IETNA	M 21	4-54-9961	JOAL	NN JOHNS	ON 115 A	nnapol:	is St		
IST., B	\$508A		18 CAUSE OF DEATH (En	AUSED BY:), (b), op(1).)	diAc	A	rres	₹.	BE	APPROXIMATE TWEEN ONSE	T AND DEATH
PRESTON ST	2E052		IMM	MEDIATE CAL	DUE TO, OR AS A	CONSEQUENCE O							
RES	PENCIL IN 17 PENCIL IN 17 AMINER ALC - TRANSIT P ENTAL HYGI	155	Conditions, if any,			1	1.5 1	3 1/	· T				
₹.			gave rise to imme cause (a) stating the u		(b)	CONSEQUENCE OF							
201 \	KECUTED WITHING. IN PENCIL I. TAL EXAMINER BURIAL - TRANS AND MENTAL ATION, OR REA		lying couse lost.		00110,0111011	0011024021102 01							
	NO NE LE		PART 2 OTHER SIGNIFICANT CONC	OUTLONG CONTRIL	(c)	PELATED TO THE TERMIN	AL OUTCASE OR COMPUTE	ON CHEN IN DARK					
RECORDS,	MESATS	Z	TAKE 2 OTHER SIGNIFICANT CONC	THORS CONTRIB	BOTTHO TO DEATH BOT NOT	RELATED TO THE TERMIN	AL UISEASE UK CUMUIIII	IUN GIYEN IN PART [0).				
ME.	HOULD BE RD "PEND HIEF MED AS OF HEALT	CERTIFICATION	19a. DATE OF OPERATION	1	196. CONDITION F	OR WHICH OPERA	TION WAS PERFO	RMED?			20	AUTOPSY?	?
VITAL	SHOULD ORD "PE CHIEF N E USED A	윤	II III davido -									YES 🗆	NO N
2	ATE SHOULE E WORD "FITE CHIEF ID BE USED WENT OF HID BURING HID BU	EX	210. EXTERNAL CAUSE W.	ĀS	216. TIME OF INJUI	RY	21¢ HOW INJUR	Y OCCURRED (E	NTER NATURE OF INJUR	Y IN ITEM IB PART	OR PART 2)	163	140 94
0	SHE SECTION		UNDERLYING OR			NTH DAY YEAR							
DIVISION OF	HIS CERTIFICATE SHOWRITING THE WORD ARDED TO THE CHILD RE US AGE 3 SHOULD BE US ATE DEPARTMENT OF THE USE OF T	MEDICAL	CONTRIBUTING CAUS		P.M.	URY (AT HOME.	21f. LOCATION						
N N	RETINATION OF THE DE POLITICA	ME	WHILE DOT WHILE AT WORK	E	STREET, FACTORY, FA		STREET		CITY OR TOWN		COUNTY		STATE
	E, WRITI E, WRITI EWARDE EWARDE PAGE 3 STATE D		AT WORK AT WORK						-1				
	ATE S P. C.		220. I certify that I took	charge of th	ne remains described	l above, held an	Autopsy .	Inspection	Inquiry L	, ond in	my opinion		
	MINITED BE F		death resulted fram:	Natural cau	ses . Accid	lent Suic	ide . Hom	nicide . L	Indetermined man	ner .			
	AK KERK		111	11	. 1	7	THILE ((SPECIFY)				1	11-
	A A L		ACTUAL SIGNATURE	Clean	-02	sho on	M.D.	mules	MEDICAL EXAMIN	ER S	SIGNED _	50c	XX
	MEDIC CUTE 19 SE 4 ST FUNER TIMORI		EVALUE FOR NIAME				,			100			
	TO MEDICAL E EXECUTE THE PAGE 4 SHOU TO FUNERAL I AFTER DEATH, BASTIMORE, M		(TYPE OR PRINT) W	illiam	P. Jones	, M.D.	ADDRES	95 Ameri	ica Crt.D	avidson	nville	\geq ,Md.2	<u> 21035</u>
	PAGE PAGE PAGE PAGE PAGE PAGE PAGE PAGE		URIAL, CREMATION, REMO	VAL 23b DA	ATE :	23c. NAME OF CEM	ETERY OR CREMAT	TORY 2	3d. LOCATION		COUNTY	SI	TATE
07/84	BP	BU	RIAL	10	-17-1986	PINELAWN	MEM. PARI		Annapoli	s A.	A. Ma	arylar	nd
25M	DHMH - 17	24 F	JNERAL DIRECTOR	nnapo	Lis, Md.	21401		250. DATE REC	D. BY REGISTRAR	25b REGISTRA	AR'S SIGNA	1	
	(VR A15 ME (5))	W.	ILLIAM REESE	& SON	IS MORTUAL	RY. P.A.		TOT &	4	A. 4.	· Park	Harry .	9

		It	em 16b, Fil	mG620	10/21/			E OF MARYLAND			-	7 3	1 1
		1-	FOR STATE			DEPA		EALTH AND MEN		NE & C) 2	. / 0	-3 3
11-7	0847		REGISTRAR					ICATE OF DEA			S. NO		
J 0 2	m.f.		OR PRINTI	FIRST		MIDDLE		AST		DATE OF DEAT			26. HOURIS
y be	deat			Wilmer	11al	ryland	Jo	hnson		October	12,	1986	87 P.M
E	Jer D	3. SE		1	4 RACE		5 DATE (YEAR	AGE (IN YEARS LA	T BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS
- 8	of sign of sig		Male	-	Whi	te		ember 15,	1905		81 YRS		
	and and and		RTHPLACE (S ATE OR FO	OREIGN 7	1 -	WHAT COUNT	RY? 8	NEVER MARE	RIED 7	BALTIMORE CIT		OF DEATH	
	25		ryland		US	A	WIDOWI			Anne	Arundel	- 25-15-1	MD.
2	with with	10 C	TY OR TOWN OF DEA	TH 1		HOSPITAL, NUF		R OTHER INSTITUT	TION 1	TO USUAL OCCU	PATION	126 KIND OF	BUSINESSOR
00	1 de 4) G	ibson Isla	nd		water R	^ -			ice Pres	de se		ed. S & L
212	11 02	135U	AL RESIDENCE (IF NURSE	NG HOME OR C	OTHER INSTITUTION	GIVE RESIDENCE BE	EFORE ADMISSION)	134 INSIDE CITY L		3e STREET ADDRE			
Q 2		111	ryland		A Co.		Island		D X	Skywate		2105	6
AN AL	THE PE		THER'S NAME		AIDDLE		ISTAIR	IS MOTHER'S MA					0
MAN 1	1477	2/	Joshua	M	F.	Johnso	n	Mabe	1	V.	I.E.	Jub	b
E SE			AS DECEASED EVER			16h SOCIALS		17 INFORMANT	(Wif		DRESS	3.00	<u> </u>
WO	3.37	L	NO NO OR UNKNOWN	NA	WAR OR DATES!	219.01	.6698	Mrs. Joan		,	Samo	as 13	
ALTI	36.4		18 CAUSE OF DEATH		v one couse ne			7	1	301111301	Dallie		MATE INTERVAL
Figo.	100 H		PART I. DEATH WA	AS CAUSED	BY CAUSE (o)	/\	1 1	enal.	tailu	10		BC 1993 E19 O1	ASET AND DEATH
N 5	9000		1.0	IMMEDIATE					1 1				
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38.0	o man		gove rise to imm cause (a), stating	ediote	103_		0	1	d				
3	A S S S		underlying cause	last.	DUE 10, G	RAS A CONSE	LOSCI	evo tic	(a	duo va.	scular	4500	Se
20	2 5 p d		PART 2. OTHER SIGN	IFICANT CO	ONDITIONS C	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO	THE TERMIN	IAL DISEASE OR C	ONDITION GIV	EN IN PART 11a	
SOX NO.	The P	NO											
00	11117	CAT	190 DATE OF OPERAT	ION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORME	ED	200 AUTOPSY?	20b IF YES	, WERE FINDING	GS USED
M M	1116×	#			1 100					YES NO	- A	YING CAUSES O	NO [
NI NI	1000	CERT	210 ACCIDENT WAS UND		216. TIME C		DAY VEAD	21c. HOW INJURY	Y OCCURRE	(ENTER NATURE OF	INJURY IN ITEM 18 P	ART 1 OR PART ?1	
0 44	1117	CAL	OR CONTRIBUTING C		.,	.M. MONTH	DAY YEAR						
NO STA	d Me	ED	21d INJURY OCCURR	ED		OF INJURY		211 LOCATION		city (OR TOWN	COUNTY	STATE
NIS OF	the state of the s	S	AHILE NOT WHI	RE 🗆	(AT HOME ST	REET, FACTORY OFF	ICE FARM ETC.)	1		Ciri	1	- 4	31416
0 00	A dispersion of the country of the c		220 I certify that (1)	(this hespite	al) attended th	ne deceased fro	7	arch 1	9.86	10 12-0	c+		hat (I) (we) last
914	0376		saw the decease bave, (1) (we) (d	d alive an_	12-00		9 86.0	nd that in (my) (our	+opinian de	ath accurred an th	e date and have	and from the co	auses stated
C 2	275	138	THE SIGNATURE	77	->/	1	/	DEGREE				220 DATES	IGNER
10/2	T F	10	Mucho	ad.	2.1	10/	04	ATTEN PHYS	NDING SICIAN P	DIRECTOR PH	STAFF YSICIAN (1)	13-0	c+.86
5.5	8 2 5 K		224 PHYSICIAN'S NA	ME (TYPE OR	PRINT			22e ADDRESS					
5 6	PORTA		Dr. Rich	nard F	Fisher,	M.D.		4710 Pen	ningt	on Ave.,	Curtis	Bay, Ma	ryland
5.8	2512/	23o. E	URIAL, CREMATION, I	REMOVAL	23b DATE	2	THE NAME OF	EMETERY OR CREM		23d LOCATION			
ВР			Cremation	n e	Oct .13	1986	Securit	y Process	s. Inc	Caton	evilla	Balto	. Md .
DHATE	1 - 16 60M 7/B4	24 FU	NERAL DIRECTO	412	21/10	1227	000011	7 110000	25a DATE	REC'D. BY REGIST	RAR 256 REGISTI	RAR'S SIGNATU	JRE
	VRA 15, 4)	Si	ngleton Fu	neral	Home	Glen Bu	rnie. M	arvland	00	1 4 198	0	A dark bottom ! were	



00 01050	1,	FOR - STATE			DEPARTA		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 6	2	7 3	4 2	
00-21653	1.	REGISTRAR				CERTIF	ICATE OF DEATH		REG. NO.			
		CEASED NAME	FIRST	- 10	MIDDLE		AST	20 DATE OF DE	ATH MONTH	DAY YEAR	26 HOUR	
by be orge 3 death	(K	M	n			0100		10	1686	3-30F	
mo).	3 58	X	4	RACE		5. DATE (6 AGE (IN YEAR	SLAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS HOURS MIN.	
000	MA	LE	511	BLACK		12	17 1913	72	YRS.	MONTHS	HOURS MIN.	
927	70. B	IRTHPLACE (STATE OR F	OREIGN 7b.	CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D XX NEVER MARRIED	9. BALTIMORE	CITY OR COUNT	OF DEATH		
U I II AC	- me	INTIAND Pa	,	U.S.A		WIDOW	F 148 16	ANNE	ARUNDEL	COUNTY	MD.	
1 11 1	10.0	ITY OR TOWN OF DEA	TH. 11		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OC	CUPATION R MOST OF WORKING LI		F BUSINESS OR	
5 5 5 5	GA	MBRILLS	8-6-6	2540]	Brickhead	Road		THE OF WORK TO	K MOST OF TORKING E	INDOSTRI		
No and	USI MA	AL RESIDENCE (IF NURS STATE RYLAND	136 COUNTY	HER INSTITUTION	GAMBRILL	ADMISSION)	13d. INSIDE CITY LIMITS?	13e.STREET ADI	Brickhea	d Road	1054	
	14, 5	ATHER'S NAME			1		15. MOTHER'S MAIDEN NA		-220.0100	a moud		
W DAK		rest	UNKN OW	N	LAST	634	ELLA			WKINS LAS	T	
Adico de		WAS DECEASED EVER	IN U.S. ARME		16b SOCIAL SECU				Heads Road		N. O. ell.	
AL SOL		NO			072-20-2	673	ALVERTA JONE	S CONTRACTOR	Gambrills			
BA.		18 CAUSE OF DEATH	H (Enter anly o	ane cause pe BY:	r line for (a), (b), and	(C)	or anes	1		BETWEEN	MATE INTERVAL DISET AND DEATH	
ST.			IMMEDIATE (معن		74C 000 CD	0				
0 # # # # # # # # # # # # # # # # # # #		Canditions, if any, which (b) Probable Myocardial Constructions										
ab to the state of		gove rise to imn	Canditions, if any, which gove rise to immediate cause D , stating the underlying cause last.									
TW. P host th Dy th L crem												
S, 20		PART 2 OTHER SIGN	IFICANT CO	NDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM		R CONDITION GIV	EN IN PART LIC		
A ままる事] é	Leve Deval	reson	ien in	myfrance	1 3 CK	+) B-k , mid 9	Helydie	from m	marie a	noetun	
THE SECOND	TIFICATION	19s DATE OF OPERAT	NON	196 COND	OITION OR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS	IN CERTI	S, WERE FINDING CAUSES	IGS USED OF DEATH? NO	
The state of the s	CERT	210. ACCIDENT WAS UND		21b. TIME C			21c HOW INJURY OCCURE					
9 34 110 E	100	OR CONTRIBUTING (100	.M. MONTH DA	Y YEAR						
NO STATE OF THE PARTY OF THE PA	MEDICA	214 INJURY OCCURS		21e. PLACE	OF INJURY		211 LOCATION		ITY OR TOWN	COUNTY	STATE	
NIS OF STATE	2	NOT WH	ILE C	(AT HOME, ST	REET, FACTORY, OFFICE, FA	ARM, ETC.)	I I		1	1	STATE	
A De All		22s.1 ceetify that (I)				10 2	8() 19_		16	1986	that (1)-(we) last	
E 6 6 9 4 6		saw the decease abave, (1) (we) (c	d alim on	TO C	2 3 ()19_	. 01	nd that in (my)-(our)-opinion o	death occurred d	n the date and hav	r and fram the	causes stated	
Per		221 SIGNATURE	NA	10	0.0	0	DEGREE	/		22c. DATE	SIGNED	
F 386 5		Lem,	50	-Dr	Ill 7	0	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN [101	13120	
HOSPI pined by cold by this 50 PORTAN		ERROL	ME ITYPE OR P	Phil	(LPM)	5	1835 Por	estã	ine to	ma. M	104166	
5 5 5 5 5	23a	BURIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATK				
BP	B	URIAL		10-21-			or Church Ceme	City or	sterfiel	YTHUOS	STATE	
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR	Annar	olis.	Md. 2140		25a DATI	E REC'D. BY REG	ISTRAR 25b. REGIST	RAR'S SIGNATI	URE CANADA	
(VRA 15, 4)	WI.	LLIAM REES	E & SO	NS MOR	TUARY. P.	A.	0	GT 21	1930	Sharing Linkship .		
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Addition to be a beginning

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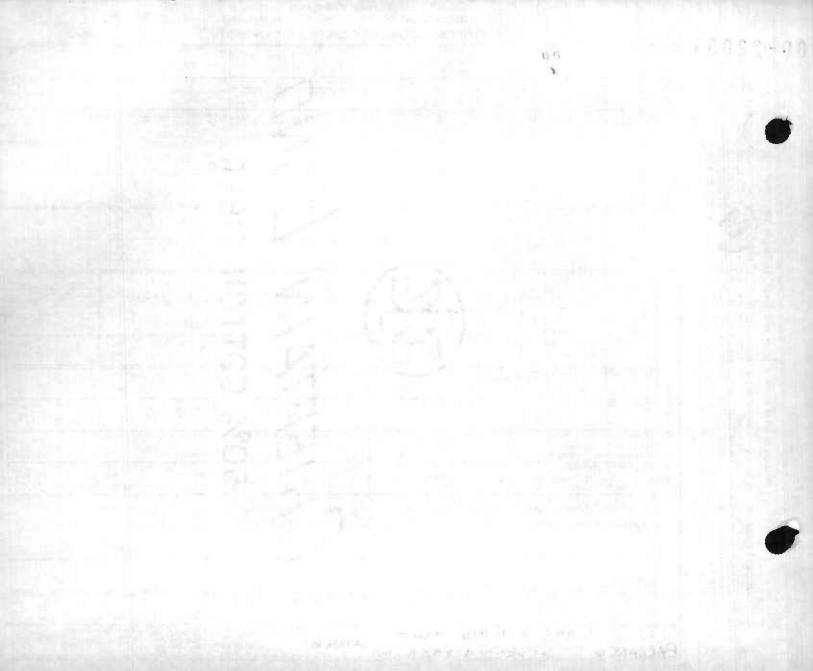
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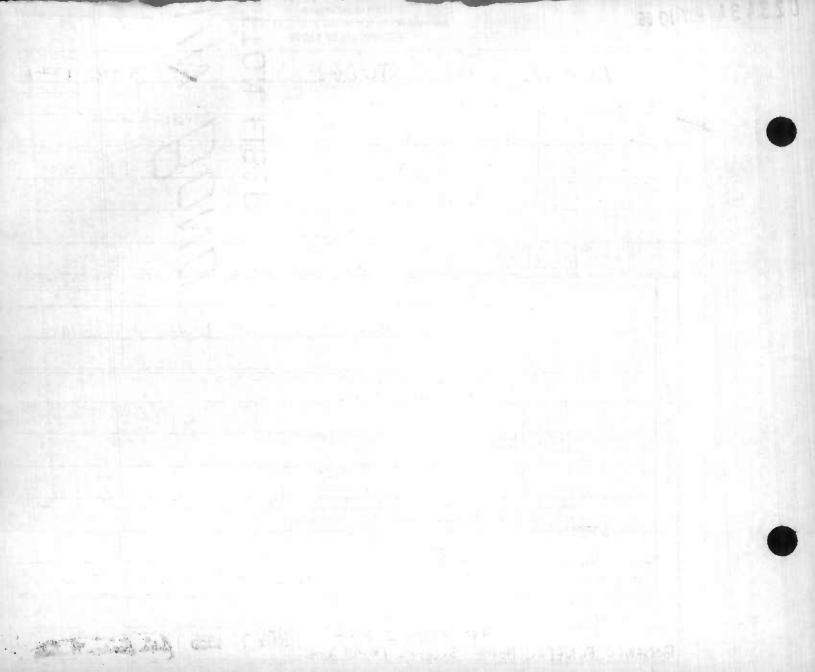
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME PH 20. DATE KNOWN X LIVEE OR PRINTI OF DEATH MATED Steven Arthur 10/18/19 86 Jones 5 DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED 7 - 17 - 52DEAD Male White 34 YRS 18/19 86 Th. CITIZEN OF WHAT COUNTRY? 74-BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY United States Maryland Anne Arundel County, WIDOWED DIVORCED D D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 1126 KIND OF BUSINESS OR INDUSTRY Arnold 366 Oak Drive Loan Officer Mortgage JSUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS 134. INSIDE CITY LIMITS? 130. STREET ADDRESS BALTIMORE, MD. 21201 3a. STATE 13b. COUNTY 13c. CITY OR TOWN Anne Arundel Maryland Arnold YES No X 688 Mago Vista Rd./21012 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Stephen Jones Betty Grempler 17. INFORMANT 16h SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) 752 Stinchcomb Rd. 1975 - 1977Yes 216-48-9867 Stephen C. Jones 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Shot Gun Wounds of Head and Neck with Blunt Trauma of Head DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to CERTIFICATION DEPARTMENT OF HE 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR XX MONTH DAY YEAR UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH 6:46 P.M. 10/18/ 1986 subject shot and beaten 21e PLACE OF INJURY (ATHOME. 211 LOCATION 21d. INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 ATTE PATH, WITH THE STATE DE STREET, FACTORY, FARM, ETC.) WHILE AT WORK 366 Oak Drive, Arnold, Anne Arundel Co., Md. house Autopsy X 22a I certify that I took charge of the remains described above, held an Inspection Inquiry death resulted from: Suicide Homicide X Undetermined manner TITLE (SPECIFY) ACTUAL SIGNATURE Assistant MEDICAL EXAMINER 10/19/86 EXAMINER'S NAME William M. Zane, M.D. 111 Penn St. (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION MD Burial 10 - 22 - 86MD Veterans Cemetery Crownsville, A. A. 07/84 25M 250. DATE REC'D. BY REGISTRAR 1250 REGISTRARIS SIGNATURE 24 FUNERAL DIRECTOR 495 RITCHELE HWY **DHMH - 17** 21146 SEVERNH PARK, MO (VR A15 ME (5)) RRANCO

STATE OF MARYLAND



		86 _R Item # 2a, F STATE REGISTRAR 1/26/86	r a	CERTIF	EALTH AND MENTAL H	REG. NO.	
n £		CEASED NAME FIRST	MIDDLE	-	AST .	20 DATE OF DEATH MON	TH DAY YEAR 26.
r deat		ARTHU	R J.	7	100t	11.00	-3-801
offer	3 SE		4 RACE	S. DATE (6 AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HO
o su o		Male	Caucasion		2001 - 02	84	YRS
2 2	1	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	MARRIE	D NEVERMARRIED		
		ryland	United St			Anne Arunde	
South Willed		verna Park	11. NAME OF HOSPITAL INF NOT IN SUCH FACILITY, 138 Round	GIVE STREET ADDRESS)		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WO Publisher	IZE KIND OF BU INDUSTRY Magazir
ald be	130.	AL RESIDENCE (IF NURSING HOME OF ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	INTY 13c CITY	OR TOWN erna Pk	13d. INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIF	CODE 2//9
2 10	_	THER'S NAME			15 MOTHER'S MAIDEN N		
Po	11	thur	I. Judo	LAST	Gertrude	WIDDLE	Phelps
	16a \	VAS DECEASED EVER IN U.S. AL	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDRESS	
Page	- {	YES, NO OR UNKNOWN) I IF YES, GI	IVE WAR OR DATES)	-10-348	A Mrs Patri	2619 M Cia Fish Balti	faryland Ave.
E = 3					in the birders	Clu Pion Balti	APPROXIMATI BETWEEN ONSE
maval		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS)		umanul			4-5
ar re		IMMEDIA	. 110			1	
ian,		Conditions, if ony, which	DUE TO, OR AS A C	MADNIN M	structive Per	monay Visias	N alle
ema		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO	DISEOUENCE OF	100000		
l, cre		underlying couse lost	(C)	DIASE QUEINCE OF		V	
ourio y, or		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBU	TING TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION	ON GIVEN IN PART 110
The	o S		Monic	Umal Fu	ilne		
Drio V	CERTIFICATION	190 DATE OF OPERATION	1% CONDITION FO	R WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 201	b. IF YES, WERE FINDINGS CERTIFYING CAUSES OF
	E					YES NO NO	YES 🗌 N
H H		218. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	116. TIME OF INJURY	NTH DAY YEAR	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PART 2)
rial-rial-rial-rial-rial-rial-rial-rial-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	ER) P.M.	19			
	VED	21d INJURY OCCURRED	21e PLACE OF INJUR		211 LOCATION STREET	CITY OR TOWN	COUNTY
d or d		AT WORK AT WORK				11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	In
as the b th and h arked ar	1	220 I certify that (I) (this hasp			3 19 X	4 10 Jun 2	, 19, that
use as the b Health and A is marked ar		obove. (1) was did (did n	n 90 3	19 210 . 6		on death occurred on the date o	
d far use as the b			1 12 12	11. 721	PEGREE	A / MEDICAL STAFE	22c. DATE SIG
oched for use as the b Dept. of Health and A f hem 21 is marked or		THE SIGNATURE	1 Ma Filla		DHYSICIANI	MEDICAL STAFF	
toched for use as the e Dept. af Health and : If hem 21 is marked		MANNE	of In Mu	11100 1111			
toched for use as the e Dept. af Health and : If hem 21 is marked				Mas HIL	22e ADDRESS	Laire Rd., Anna	
tached for use as the e Dept. af Health and : If them 21 is marked	730	Margaret M. M	ullins, MD	123¢ NAME OF	Cape St. Cl	Laire Rd., Anna	
should be detached for use as the beautiful and health	230-1	THE SIGNATURE	ullins, MD		22e ADDRESS	Laire Rd., Anna	apolis, MD 21



FOR

- STATE

STATE UP MARILAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CEPTIFICATE OF DEATH

	REGISTRAR					ICAIL OI DEATH	REG. N	0.		
	I. DECEASED NAME	FIR51	Α	AIDDLE	l	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
		ouis	e L.	Kaiser			October	25,	1986	9:00pm
	3. SEX		4. RACE		5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY	IF UNDER 1 YEAR	
	Female		White	9	07	- 29 - 1921		55 YRS		HOURS MIN.
,000	M. BIRTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNT	Y OF DEATH	
	Baltimore	Md.	United	States	WIDOWE		Anne	Arui	ndel Co.	MD
3	Pasadena	ТН	(IF NOT IN SUC	HOSPITAL, NURSING HEACHTY, GIVE STREET A	DDRESS)	OR OTHER INSTITUTION 21122	(TYPE OF WORK FOR MOST OF MOST CAFET	OF WORKING	LIFE INDUSTRY	of Ed.
100	USUAL RESIDENCE (IF NURS		OTHER INSTITUTION.	GIVE RESIDENCE BEFORE	ADMISSION)					
	Md.	13b. COU	A.	Pasaden		13d INSIDE CITY LIMITS? YES NO 🔀	13e STREET ADDRESS . 8349 Fairw	700d]	Dr. / 21	122
ghij	14 FATHER'S NAME	7	MIDDIE	IAST		15. MOTHER'S MAIDEN NAM	WE			
1	Charles		E.	Strecke	r	Amelia	L.		Kohlî	off
	160 WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	ESS		
	No.	[# 1£3, OII	TE WAR OR DATES	213-22-2	170	Mrs. Lorrain	e M. Sumpte	er (:	same as	
	18 CAUSE OF DEAT	H (Enter or	nly one couse per	line or (o), (b), and	I (C)	21 0.			APPRO) BETWEEN	ONSET AND DEATH
	PARTI. DEATH W		TE CAUSE (o)	1 exasta	110	Oslon Cance	1		5	years
			DUE TO, OF	R AS A CONSEQUE	NCE OF					
	Conditions, if any,		(, (b)_							
	gove rise to imm		DUE TO OF	R AS A CONSEQUE	NCEOE		44 10 0			
	underlying couse	lost	(0)_	71071001102002				200		
		VIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION G	IVEN IN PART 1	0
	190. DATE OF OPERA	C	OPD							
5	S 19a. DATE OF OPERA	TION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		ES, WERE FINDI	
							YES NO	1	YES []	NO 🗌
3	21a. ACCIDENT WAS UND			FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJU	RY IN ITEM 18	PART OR PART 2)	NOTE OF
	OR CONTRIBUTING		AIH		TEAR	3000				

O FUNERAL DIRECTOR BP.

DHMH - 16 60M 7/B4 (VRA 15, 4)

MPORTANT

24 FUNERAL DIRECTOR

21d INJURY OCCURRED

236 BURIAL, CREMATION, REMOVAL

Burra1

226. SIGNATURE

NOT WHILE

sow the deceased alive on

obove, (I) (we) (did) (did)

220 1 certify that (I) (this hospital) attended the deceased from

S NAME (TYPE OR PRINT)

5 236 DATE

10-25-1986

21e PLACE OF INJURY

IAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

300 Hospital Drive, Suite 230 23c NAME OF CEMETERY OR CREMATORY

DEGREE M.D.

Glen Haven Cemetery

22e ADDRESS

211 LOCATION

STREET

Glen Burnie

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

CITY OR TOWN

10-

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

COUNTY

86

Md.

STATE

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE BARRAN WF. H. SEVERNA FARGMA. 21146

वर्षेत्रकेला क्ष्मको सम्बद्धाः । वर्षेत्रकेल 130 - 100 BARRION LETE LE SEE STAN PROMETE MILL SEP 3-1 000 July Billion Ballion.

	1						STAT	E OF MARYLAND					
2205	C	1-	FOR STATE					HEALTH AND MENTA		8 6	2	7 3	4/
2205	J		REGISTRAR	Law	rence	John K	alb, Sr	ICATE OF DEATH	n .	REG. N			
9 e e e			CEASED NAME	FIRST	-	MIDDLE	Val	LAST	20.	DATE OF DEATH	MONTH D	1	26. HOUR
may be			(au)	ence	0.	John	Lali	16 0			06 90	1986	P
or. p		3 SE	10	4	RACE	110	S. DATE	OF BIRTH H DAY YE		GE (IN YEARS LAST BI			HOURS MIN.
oge recto			mall	. /	W	1,te	8	a' 2	23	65	YRS		
Po Po	5		THPLACE ISTATE OF	OREIGN 7	L CITIZEN OF	WHAT COUN	TRY?	D NEVER MARRIE		ALTIMORE CITY			
Seat un 7	200		Maryland		U.S	.A.	WIDOW			nne Arun	del Cou	inty	M
e fe	0/-	10 C	TY OR TOWN OF DEA	ITH 1		HOSPITAL, NI		OR OTHER INSTITUTIO		USUAL OCCUPAT		12b. KIND OF	BUSINESS OF
by tilled	25	K	tunapoli	<	Arunde	1 Gene	ral Hosp	pital		Electric:		Steel	Mfgr.
hour d in be	of le	,USU. 13a. S	AL RESIDENCE (IF NURS	136 COUNT				13d. INSIDE CITY LIM	AITS2 13a	STREET ADDRESS	/ 719 CODE		
4 0 0 0	35		ryland		n Anne	Bay C	ity	YES NO P	X	STREET ADDRESS	7 ZII CODE	21	1666
man.	e Par	14. F	THER'S NAME		IDDLE	146		15 MOTHER'S MAID	ENNAME		77.10		
141/	0x/2		John	M	IDDLE	Kall	b	Marie		MIDDLE		Copper	
5 70 E	0		VAS DECEASED EVER			166 SOCIAL	SECURITY NO.	17 INFORMANT		ADE	sarta.	N.J. 07	
Poge	med	(YES, NO OR UNKNOWN)	WII	WAR OR DATES)	216/1	2/8389	Lawrence J	J. Kal	b, Jr. 1	2 Chick	cadee Te	errace
sicial pers.	the the		18 CAUSE OF DEAT	H (Enter only	nne chuse per	line for (a). (hi nod (c))	· · · · · · · · · · · · · · · · · · ·	/				ATE INTERVAL
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-21558	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 6 2	7 3 4 9	
21330	(1498	CEASED NAME PEST ALLE	brey F	King	20 DATE OF DEATH MONTH DA	13/86 3. A.M	
10	3 SE	MALE	WHITE	5. DATE OF BIRTH	58 YRS.	FUNDER I YEAR IF UNDER 24 HRS	
1 1 33	V	RIHPLACE ISTATE OR FOREIGN	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	ANNE ARUN	de l Gen. Hosp	
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135	M A	RYLAND ANNE	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ARUNDEL 134 ELLY OR TO	ATER 13d. INSIDE CITY LIMITS?	134STREETTAEPRESS TAIP EON	E 21037	
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quires that the death certification by the ottending hen please remove cortification, or the burial, cremation, or enjury, or other troumatice.	NO	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) T CONDITIONS CONTRIBUTING TO		MINAL DISEASE OR CONDITION GIVE	NIN PART TIO	
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the this or the board of the bo	WED	21d. INJURY OCCURRED WHILE NOT WHILE I	21e PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE,	EARM, ETC.) 21f LOCATION STREET	CITY OR TOWN	COUNTY STATE	
ATTEND Inprior o CTOR of S for use of News	1	sow the deceased alive obove, (1) (we) (did) (did	spital) attended the deceased from on 10/12/80 19 not; view the body after death.		death occurred on the date and hour	9, that (I) (we) lost and from the couses stated	
Tat OR by the by Rat DRE detocles fute Dept		22b. SIGNATURE	t E. Salonce		MEDICAL STAFF DIRECTOR PHYSICIAN	10/15/86	
O HOSP rtsmed t TO Furte should be with the S		STUALLE E	. Sclonicu,			olis, ma. 21014	
BP		BURIAL BURIAL		NAME OF CEMETERY OR CREMATORY RYLAND VETERANS	23d LOCATION CITY OR TOWN CEM. CROWNSVILL	E ANNE ARUND	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FI	ROBERT E.	EVANS ANNAPOLI	S, MARYLAND 250 DA	OCT 2 0 1986	AR'S SIGNATURMARYLA	

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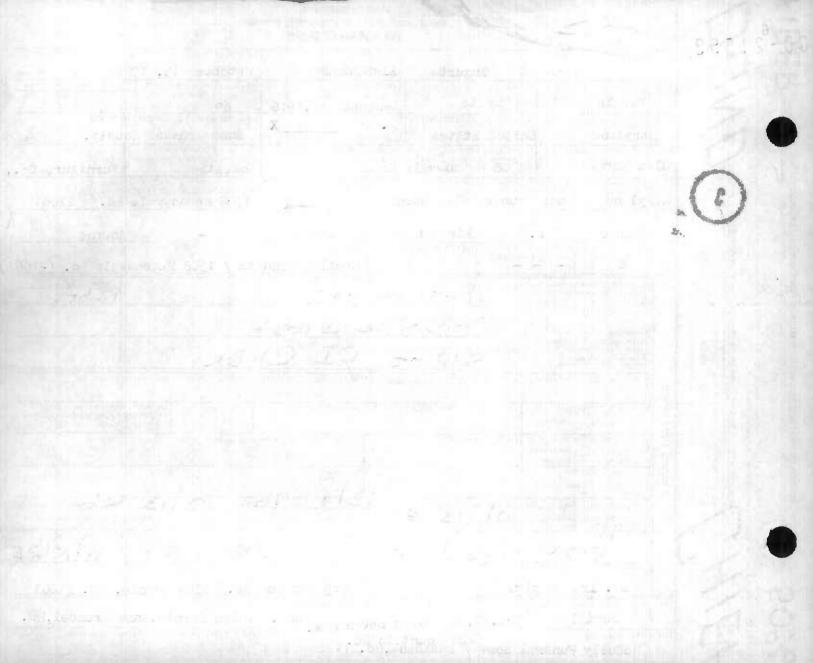
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		FOR	DED V D.	TMENT OF HEALTH AND MENTAL HY	CIENE	w 2 19 17
-21553	1	- STATE REGISTRAR	DEI AR	CERTIFICATE OF DEATH	8 6 2 REG. NO.	/ 5 5 6
21000		ECEASED NAME FIRST PE OR PRINT)	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge 3		MARGA	RET Augusta	KIRSCHBAUM	October 15, 19	86
E	3. 9	EX	4 RACE	5. DATE OF BIRTH		IF UNDER TYEAR IF UNDER 24 HE
ge 4 ors off		Female	White	December 16,1916		TOTAL DATA TROOKS
o To	7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
de oth	1	Maryland	United States	WIDOWED DIVORCED	Anne Arundel C	ounty,
# # A		len Burnie	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE 1308 Meadowva.)	ING HOME OR OTHER INSTITUTION ET ADDRESS) Le Road	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE Domestic	126 KIND OF BUSINESS (INDUSTRY) Furniture C
24 hours	130	STATE 13b. COU	OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION) WN 13d, INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE	
	_	FATHER'S NAME	Ardinger Gren Di	ITMIE YES NO N	1308 Meadowvale	Rd./ 21061
l within		FIRST	MIDDLE Kirschb	FIRST	WIDDIE	LAST
couted comp	4 7	WAS DECEASED EVER IN U.S. A			ADDRESS	Aherns
Poges medica	100		IVE WAR OR DATES)			
S. P. o. n.		100		Cecilia Sch	ulta / 1308 Meador	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA
ow requires that the death been signed by the attend rmit. Then places remone co prior to burial, cremation, a day injury, ar other traumon	TION			DIAC MICS.		EN IN PART 1(0)
he hos	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
SICIAN: The graph of physicic certificate riol-transit ental Hygical physician physici		OR CONTRIBUTION TO CAUSE OF DE		DAY YEAR 21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART I OR PART 2)
HYSICIA ding ph is certifi buriol-th Mental	A	(IF EITHER, NOTIFY MEDICAL EXAMINE	ER) P.M.	19		
100	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING P or after the as the althona	1	AT WORK AT WORK		16/11	0 11	
Leoline A Market			oital) attended the deceased from	1014 19	0.10/13	19 (I) (we)
Spirito CTO for of h		sow the deceased alive a above, (I) (we) (did) (did n	not) view the body offer death.	and that in (my) (our) opinion	death occurred on the date and hou	and from the couses stated
he haspith		226 SIGNATORE		DEGREE		224 DATE SIGNED
7 - 7 - 7		100 6	Kone	MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	WIKE
Som Box	Π	224. PHYSICIAN'S NAME (TYPE	OR PRINT	22e ADDRESS		
0 a 5 5 4 % \	4	Dr. Ira Ka	plan	7845 Oakwoo	od Rd./ Glen Burni	e Md 21061
Of of the state of	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		Burial	The Control of the Co		Glen Burnie, Ann	ne Arundel Ma
	24	FUNERAL DIRECTOR		Tell haven Mem	ATE REC'D. BY REGISTRAR 256. REGIST	
DHMH - 16 50M 4/83 (VRA 15, 4)	24	McCully Fune	ral Home / Pasad	ntain Rdc 1122 00	T 2 0 1000	RAR'S SIGNATURE

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	1	STATE OF MARYLAND
	1.	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 6 2 7 3 5 1
0-21141	1.00	REG. NO.
6 w E		OR PRINT)
poge.	3. SE	X. JARGE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 14 FAR IF UNDER 24 HRS
E 4 offer F	3. SE	MONTH DAY YEAR MONTHS DAYS HOURS MIN.
irect oge	1	emale White May 9,1926 60 YRS
# 15 Z	7° 8	RTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
de de de	10.0	TY OR TO WA OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 120 KIND OF BUSINESS OR
- 4 4 4 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	C	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY
n by	Q USU	2 Verna Tark 30 Vorest Court Homemaker Home
Fed he	13a	STATE 136 CQUNTY 136 CITY OR TOWN 136 INSIDE CITY LIMITS? 136 STREET ADDRESS / ZIP CODE
LAN Shop	14.E	DD A-A- Severna lark YES NOX 301 Forest Court 21146
MARYI Impletel		C FIRST MIDDLE LAS
	16a 1	VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS
BALTIMORE The be execution and compers. Pages In, the medical		VAS NO OR INNNOWN) (IF YES, GIVE WAR OR DATES) 188 SOCIAL SECURITINO. 11. INFORMANT VES NO OR INNNOWN) 219-20-16995 Lawrence W. Krepner-
ALTIN	=	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 1		PART I. DE ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CARCINOMA OF LUNG WITH METASTASES 4 MONTHS
PRESTON ST Barn control		
STO THE STORY		DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which ((b)
		gove rise to immediate couse (a), stating the DUETO OR AS A CONSEQUENCE OF
that that d by ease oil, created or outh		underlying cause last (c) (c)
Z e es	_	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
a cit c	CERTIFICATION	
S beer s beer s prior	OA	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
TALRE lo cron. he hos sit per el giene l'showe	E	YES NO YES NO
DIVISION OF VITA OR PHYSICIAN: TI offending physician offending p		218. ACCIDENT WAS UNDERLYING TO AUSE OF DEATH TO THE OF INJURY HOUR A.M. MONTH DAY YEAR 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
N OF IN OF I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 19 214 INJURY OCCURRED 216, PLACE OF INJURY 21f. LOCATION
PHYSi rending the buri	ME	WHILE NOLWHUF (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE
DING or off After se os ti colth o		
T o So a F is		22a.1 certify that (1) (this haspital) attended the deceased from 1986, to 0.07, 1988, that (1) (we) last saw the deceased alive on 0.07, 1988, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated
R ATT hospir RECT hed fo ept. of tem 2		obave, AT (ve) (did) (did nat) view the body after death. DEGREE 222. DATE SIGNED
10 a 10 a		From Elastel, Met ATTENDING MEDICAL STAFF 10/11/86
F & S S Z - 1	1	27d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS
O % 필요 # ☆ /		LEON E. VASSEL UN 2435 W. BELLENERS ALS BARRAGE
with WP A	23a	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION
ВР	1	remotion od 11 160h Codor Hill Suttland PC IND
DHMH - 16 60M 7/84	24 5	JNERAL DIRECTOR 750. DATE REC'D. BY REGISTRAR 250. REGISTRAR'S SIGNATURE
(VRA 15, 4)	110	Eulor Funeral Chapel- Annapolis MD UCT 16 1986 Projection Production

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FOR STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

8 0

REG. NO.

2 5 2

	OR PRINT	WIDDLE	,	ASI	20 DATE OF DEATH MONT		26 HOUR
TITPE	Alice	M •	tina	10	0 9 86	M	
3 SE	X	4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY		IF UNDER 24 HRS
1	Female	White	MONTH 4	19 02	84	YRS MONTHS DAYS	HOURS MIN.
70 BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	Y? 8.		9 BALTIMORE CITY OR CO		
i	Maryland	U.S.A.	WIDOWE	D NEVER MARRIED DIVORCED	Anne Aruno	del County	MD.
1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR Seamstress		F BUSINESS OR
	len Burnie AL RESIDENCE (IF NURS)	Arundel Geria		Nurs Center	Dealing of east	0100	IIIII
13a 5	aryland ===			13d INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP 962 Jack St	reet 2122	5
14 F	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NA			
1	John Bonce Elizabeth					O'Ha	ra
Was deceased ever in u.s. armed forces? 166 Social Security No. 17 Informant ADDRESS (145 No OR UNNNOWN) (16 YES, GIVE WAR OR DATES) 216-07-1439 Marie T. Lukaszczyk 401 Churc							5 Bal+o Md
	MO	/ 210-07	-1477	Marie 1. Li	ikaszczyk 401		
70	PART I. DEATH WAS CAUS		SINE	mator	es	BETWEEN	MATE INTERVAL ONSET AND DEATH
	IMMEDIA	ATE CAUSE (0)			1		
. 1	Cardina di Lin	DUE TO, OR AS A CONSEC	UENCE OF	00	m		
	Conditions, if any, which gave rise to immediate	(b)	V .	9	1070		
	couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEC	UENCE OF				
113	1	0					
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CERTIFICATION	IN DATE OF OPERATION	THE CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED		LIF YES, WERE FINDIN	
TIF	THE STATE OF THE STATE OF				YES NOW	YES	NO [
	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN I	ITEM 18 PART OR PART 2)	- 10/-
ZA Z	THE EITHER NOTIFY MEDICAL EXAMINE	MIN	19				
MEDICAL	214 INJURY OCCURRED	21e PLACE OF INJURY		216 LOCATION	a CITY OR TOWN	COUNTY	STATE
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	220 1 certify that (This hosp	oital) attended the deceased from	,	1980	10 TUREU	19	that (I) (we) lost
	saw the deceased olive or	n19	06	nd that in (my) (our) opinion	death occurred on the date of	nd hour and from the	couses stated
	27% SIGNATURE		M	DEGREE	/	22c DATE	SIGNED
	payce	400	(10	U - 2 ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	0 10	19186
	774 PHYSICIAN'S NAME HOT	of 1	A 1	22e ADDRESS		1	1
	FILMONIA	1-10ay 080) Mon it	5411 010 1	Frederick Rd	Baltimore	Md 21229
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24 FI	UNERAL DIRECTOR -	1		25a. DA		REGISTRAR'S SIGNAT	URE
G	eorge J. Conce	LICOT PS + ADDRESS	Low	Da74 - 347	001 7 0 1888	The second	

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TO FUNERAL DIRECTOR: After this certificate has been signed by the should be detached for use as the buriol-transit permit. Then please removith the State Dept of Health and Mental Hygiene prior to buriol. cremo

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IMPORTANT: If Item 21 is

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oy be		CEASED NAME PRST	othy R.	Legg 1s Date Of Intil	20. DATE OF DEATH MONTH	19186 3amur IF UNDER I YEAR IF UNDER 24 HRS.
Page 4 m	/	Female RTHPLACE (STATE OR FOREIGN	White The CITIZEN OF WHAT COUNTRY?	MONI 2/22/08	YRS	MONTHS DAYS HOURS MIN.
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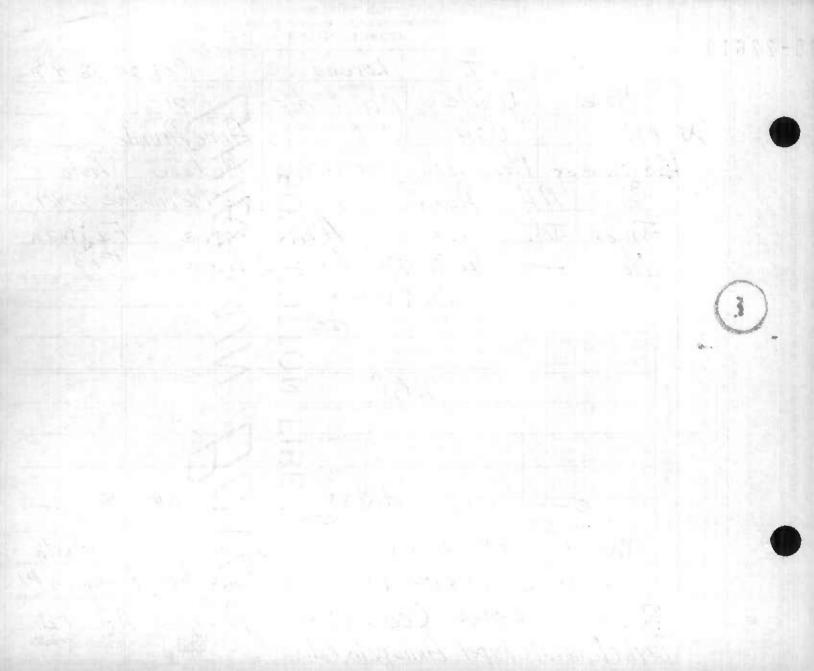
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	poge 3		CEASED NAME FIRST Mari	.e	D.	non-	enz		20 DATE OF DEATH	10 6	01	2: 05PM
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-1 11/1/	7a. 8	RTHPLACE (STATE OR FOREIGN 7	CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
1 1540	N	WHampshire	U.S.A.	WIDOWED DIVORCED	ANNE ARUN	DER COUNTY MD.
ELHA ISS	10. C	ANNAPOUS	1. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION ADDRESS! CENERAL HOSPITAL	120. USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
2 2 2		AL RESIDENCE (IF NURSING HOME OR O	THER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	13e STREET, ADDRESS / ZIP CODE	21401
AND A STATE OF THE	1	MD I AF	7. Annap	NIS YES X' NO [140 Latauet	le Avenue
1 1001	14. F.	ATHER'S NAME FIRST M	IDDLE LAST	15. MÖTHER'S MAIDEN NA	WE WIDDIE	LAST
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W /			WARDDATES)	Dana Manay	lanha-	世13
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1 W. PR har the cose rem Coreror		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	NCE OF		
S, 20 ligned en ple ory, or	2	PART 2 OTHER SIGNIFICANT CO		DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIV	EN IN PART 11a
ECORD PROPERTY OF THE PROPERTY	FICATION	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES	, WERE FINDINGS USED YING CAUSES OF DEATH?
26 20 20	CERTIF			Low-room and the second	YES NO YE	S NO
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A the hose of the book of the		226. SIGNATURE	menueso	DEGREE ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	10/4/84
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	1	STATE OF MARYLAND	
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ector, por	T. SE	RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BRITHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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TIMORE the execut to and co	Tác. V	WAS DECLASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES. ALO JUNKNOWN) (IF YES. GIVE WAR OR DATES) 220-16-4814 LILIZA C. LOTENS	#13
		18 CAUSE OF DEATH (Enter only one couse per line for (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
STON STONE		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b)	
ther the	1	gave rise to immediate cooke (a), stating the underlying course last (c)	
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ATTENDI April of CTOR A I for ver of Heal	1	sow the deceased alive an 20 24 19 , and that in my early opinion death occurred on the date and hour abave (1) and the difference of the date and hour abave (1) and the date and hour abave	9 that O (re) last and from the causes stated
TALOR 2ALORE defoctes of Rhand Replacements		276 SIGNATURE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN	1921/8-
O HOSFITAL Interied by 11 O FUNERAL Intel be der on the State MPORTANTI			ANNAPOUS Md.
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00-20738		REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
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ST VENT	IISU	AL RISIDENCE (IF NURSING HOME OR		Hold. Education
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OW 10 1/	- 1	(IF YES, GIVI	EWAR OR DATES) NYO-444-111/11 Danothy, M 1,1/2	HI3
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that d by leose ial, cr		underlying cause last.	(c)	
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1 9 T 4 0 C		above, (I) (we) (did) (did not 22b. SIGNATU	ti view the body offer death. DEGREE	
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	24	INERAL DIRECTOR	250 DATE REC'D. BY REGISTER 25b. REGI	STRAR'S SIGNATURE:
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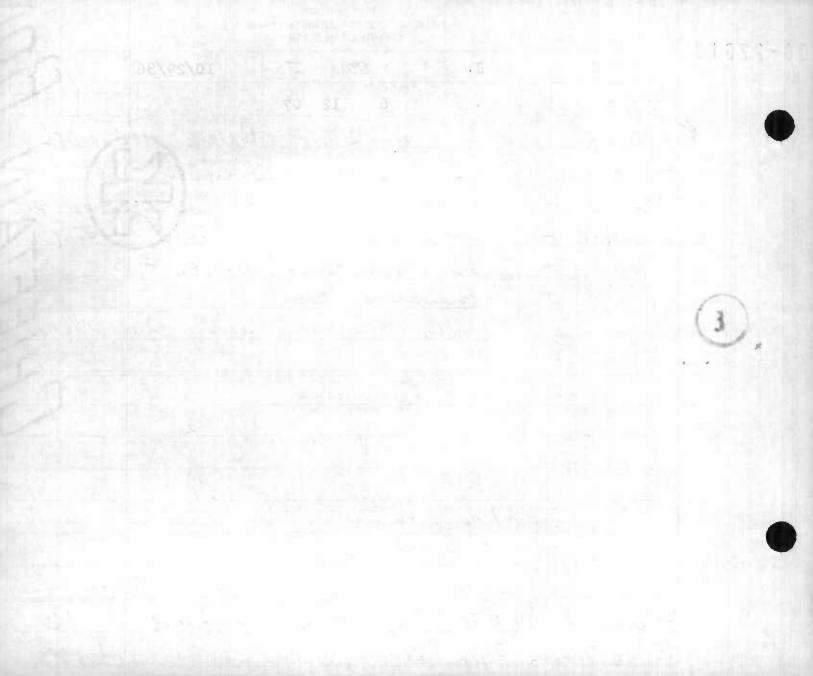
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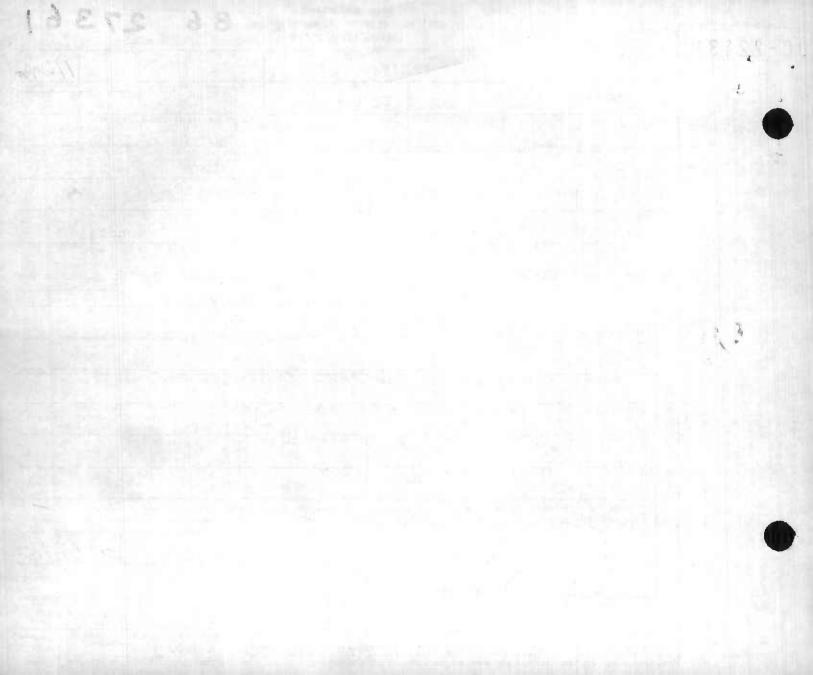
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	er d	3.	SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT		
	rector, urs off		MALE	WHITE	6 ^{NTH} 12	Öγ̈́	7	9 YRS	DAYS HOURS MIN.
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2	5 = 5 = 3 = -	2	Burial, CREMATION, REMOV	AL 23b. DAJE / 23c/1	NAME OF CEMETERY OR	REMATORY	234 LOCATION	7	. /
	BP	3	BuRIAL	11/3/86 2	UDON PAP	K	Rolfing	RE COUNTY	MD ATE
Di	HMH - 16 60M 7/8	2	FUNERAL DIRECTOR	i ail / A	1 11.	25a. DATE	RECD. BY REGISTRAR		
U	(VRA 15 4)	-	NIGAN FULLER	0/ /400/ 100	Maricia	0.00	TWO STARS	W	in lindelle



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR FASED NAME 20. DATE KNOWN A MONTH ESTIrION DEATH MATED AGE (IN YEARS IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY PRONOUNCED 629 DEAD TO BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED REVER MARRIED FOREIGN COUNTRY U.S.A. Pennsylvania WIDOWED DIVORCED ID CITY OF TOWN OF DEATH 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY c0-Owner/ Manager Insurance Co 13a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRES YES _ 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE Trumbore Trumbore Marian R. Clarke 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT ADDRES 1601 Riverside Dr. 16b. SOCIAL SECURITY NO 1 HE YES GIVE WAR OR DATES James Maxey MacMillan Annapolis, MD 2140 173-28-8747 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a) stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? NER: The CATE WRITING.
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THE STATE DEPARTMENT OF HI 20 AUTOPSY? YES [218 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING P.M. 2600t 180 CONTRIBUTING CAUSE OF DEATH ? I e PLACE OF INJURY II. LOCATION PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 STREET, BACTORY, FARM, ETC.) NOT WHILE AT WORK AT WORK 278. I certify that I took charge of the remains described above, held an Autopsy Accident X deoth resulted from: Natural couses Homicide Undetermined manner EXAMINER'S NAME William P. Jones, M.D. ADDRESS 695 America Crt., Davidsonville, Md 21035 230 BURIAL, CREMATION, REMOVAL 236 DATE 73¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial STATE Crownsville, 10-27-1986 Md Vet. Cem MD 07/B4 Barranco F.H. 501 Ritchie Hw. 25M 24 FUNERAL DIRECTOR 254 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** Severna Pk, MD (VR A15 ME (5))

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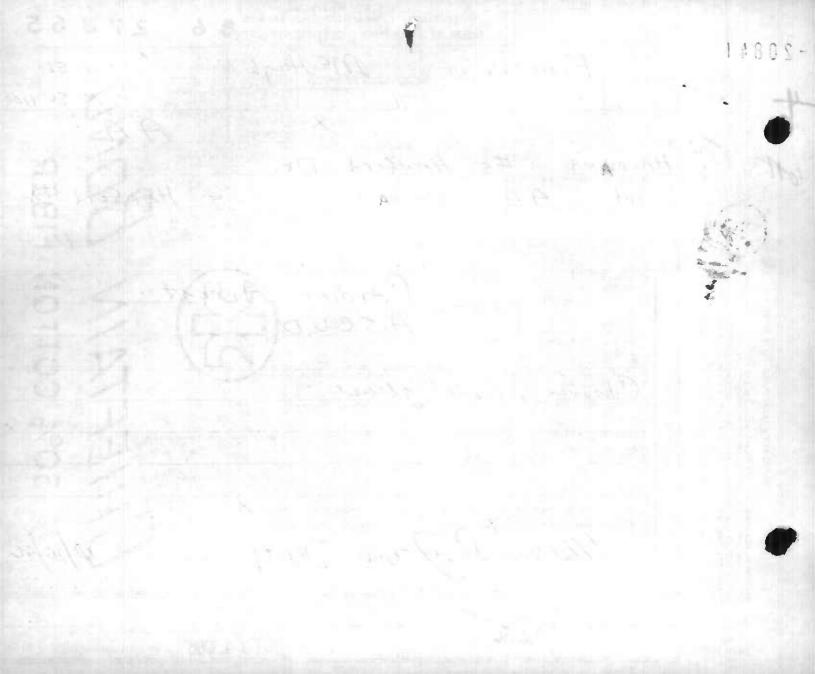
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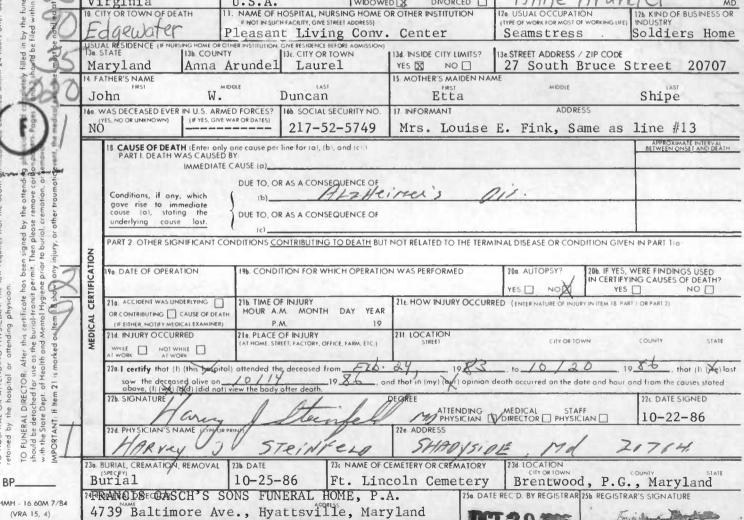
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STATE OF MARYLAND - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED Oct. 10 1086 James 3 SEX 6 AGE (IN YEARS DATE 7d HOUR LAST BIRTHDAY) PRONOUNCED Male White 28 1910 Feb. 1100 October To BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY IISA Massachusetts 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY itary(Ret) Army USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 3a STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE LAST (UNKNOWN) McHugh (UNKNOWN) 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (Wife) 16b. SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) WWII 014.01.5162 Mrs. Virginia McHugh Same as 13 Yes 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). ED AS A BURIAL - TRANSIT PHEALTH AND MENTAL HYG DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gove rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 CEHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SH EXECUTE THE CERTIFICATE, WRITING THE WOR PAGE 4 SHOULD BE FORWARDED TO THE CH TO FUNERAL DIRECTOR: PAGE 3 SHOULD BEL AFTER DEATH, WITH THE STATE DEPARTIMENT BALTIMORE, MARYLAND, 21201 PRICATO BUR BALTIMORE, MARYLAND, 21201 PRICATO BUR YES NO S 71a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (ATHOME 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Inspection 2 Autopsy Natural causes Suicide Homicide Undetermined manner EXAMINER'S NAME ADDRES 695 America Crt. Davidsonville, Md. 21035 Jones, M. D (TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) STATE 1986 Arlington Nat'l Cemetery Ft. Myer Burial Va. 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Singleton Funeral (VR A15 ME (5)) Home Glen Burnie, Maryland



חו	- 2	2.4	89	FOR STATE REGISTRAR			DEPARTM	ENT OF H	E OF MARYLAND BEALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8 6	2	7 3	66
	0		1/	T. DECEASED NAME	FIRST	6 1	1ae	N	AST	20. DATE OF DEATH	MONTH DI	YEAR	26 HOUR
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	ë	with	4	10 CITY OR TOWN OF DEA	тн		HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
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STON	deoth &	thendia	non, or	Conditions, if any,	which	DUE TO, C	OR AS A CONSEQUE		ireci's	pis.			



DHMH - 16 60M 7/B4

FOR - STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

27367

1	1233		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
			OR PRINT	WIOOFE	ŁAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
be /	deoth deoth	,,	EVERE	IT	MILLER	OCTOBER 14, 1986	м
ma)	0 0	3 SE	(4 RACE	5 DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
9 9	rs of	1.8	MALE	WHITE	Jan. 28, 1944	42 YRS	INTHS DAYS HOURS MIN.
2	11 95		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY O	FDEATH
1	1 05	1-	pbell Co. VA.	U.S.A.	WIDOWED DIVORCED	Anne Arundel	MD.
1	1110	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	126 KIND OF BUSINESS OR
-	1100	_	thian	Box 169 Lyons Cr	reek Estates	Engineer/Steam e	
2	24 56	3a S	TATE 136 COUN			13e STREET ADDRESS / ZIP CODE	20111
2				Arundel Lothian	YES X NO	Box 169 Lyons Cre	ek Estates
13	d 2 s	14. FA	THER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	WE	LAST
Med	- W & C		erett	Miller, S		100000	Ellis
exec		1	VAS DECEASED EVER IN U.S. AR VES NO OR UNKNOWN) (IF YES GIV	/E WAR OR DATES)		ADDRESS	
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oth	cor n, or moti			DUE TO, OR AS A CONSEQUE	NCE OF		
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S.	MR: A			tol) ottended the deceased from	Secreta 19 8	f, to	that [It (we) last
ATTE	Spire SCTC d for n of			19 8		death occurred on the date and hour a	
O	Dep Dep		22b. SIGNATURE	- 9	DEGREE ATTENDING	MEDICAL STAFF	221. DATE SIGNED
ITAL	ERAL ERAL Store		22d. PHYSJCIAN'S NAME (TYPE O	for Henous	PHYSICIAN 7	MEDICAL STAFF DIRECTOR PHYSICIAN	10-12-86
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0	shoul with IMPO	22. 5	Val line l				N,110 20134
D	D	1	URIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
В	P	24 F	cial INERAL DIRECTO LEE FUI	10/17/86 Son	uthern Md. Mem. Ga		vert Maryland
DHM	(VRA 15, 4) 66			Ferry Rd. Climton	Md 20735	FEGD. BY REGISTRAR 256 REGISTRA	Mason
		R					

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE REGISTRAR 0 - 220531. DECEASED NAME. 20. DATE KNOWN X TYPE OF PRINT ESTI-MOORE . Jr. HARRY 10-20-,86 UNERAL DIRECTOR.
5 FOR YOUR FILES.
WITHIN 72 HOURS DEATH MATED 4. RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. DATE 62 YRS PRONOUNCED Male White Jan. 18,1924 10-20-,86 DEAD ам 7b. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED USA Pennsylvania Anne Arundel County DIVORCED X WIDOWED . 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Dillons Bus Driver Glen Burnie North Arundel General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 507 Wills Lane 130. STATE 13c CITY OR TOWN 134 INSIDE CITY LIMITS? 21061 Maryland AA Glen Burnie 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Harry Moore, Sr. Ruth Compton 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 19335 196-18-8860 WW II Janet Trego, RD 2, Font Road, Downingtown Yes CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) 201 W. PRESTON ST PART I DEATH WAS CAUSED BY: Hypertensive Arteriosclerotic Cardiovascular IMMEDIATE CAUSE (o) Di sease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to E3 SHOULD BE USED A EDEPARTMENT OF HEA TO PRIOR TO BURIAL, O 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES X NO [210. EXTERNAL CAUSE WAS 216. TIME OF INJURY 214 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING X OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 71d INJURY OCCURRED 21f. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BATTIMORE, MARYLAND, 21201 B STREET, FACTORY, FARM FICE CITY OR TOWN STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection death resulted from Notural causes Homicide Undetermined monner TITLE (SPECIFY) 70-27-86 Assistant DATE SIGNATURE EXAMINER'S NAME William M. Zone, M.D. 111 Penn St., Balto. MD (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c NAME OF CEMETERY OR CREMATORY Baltimore Cremation Oct. 23,86 Security Process, Catonsville 07/84 25M 24. FUNERAL DIRECTOR here of the state **DHMH - 17** (VR A15 ME (5)) James S. Kirkley, Glen Burnie, MD

0		2	0 6	7 2	
	DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201		TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death restrictions are accused within 24 hours offen death. Page 4 may be retained by the haspital an ottending physician.	10 FUNERAL DIRECTOR. After this certificate has been signed by the othernit mentioned and completely filled in by It Times all action page 3 should be detached for use as the burial-transit permit. Then please remove curbin pages a load of should be literarity in the State Dept. of Health and Mental Hygiene prior to burial, cremators, and the State Dept. of Health and Mental Hygiene prior to burial, cremators, and the State Dept. of Health and Mental Hygiene prior to burial, cremators, and the State Dept. of Health and Mental Hygiene prior to burial, cremators, and the State Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Mental Hygiene prior to burial, cremators, and the state Dept. of Health and Dept. of Hygiene prior to burial, cremators, and the state Dept. of Health and Dept. Of Hea	IMPORTANT: If Hem 21 is marked or frem 18 show ony injury, or other troumon, event the midical exominer during earliest of other

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		REGISTRAR				CERTIF	CATE OF E	EATH	REG. NO			EDT	
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1	14 FA	THER'S NAME FIRST	,	AIDDLE	LAST		15. MOTHER'S	FIRST	ME MIDDLE		LAS	T	
		John	-	ames	Morga		Ma	ry	Winifred		Нос	per	
3				MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMA	NT	ADDRES	S			
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		ELLICOT	T GO	RBATY. 1	M.D.		G.	LEN BUR	NIE, MARYLA	ID 21	.061		
		URIAL, CREMATION, RE		23b. DATE		23c NAME OF CI			23d LOCATION		COUNTY	STATE	-
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DHMH - 16 60M 7/84 (VRA 15, 4)

George J. Gonce 4001 Ritchie Hgwy

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE 00-25079 CERTIFICATE OF DEATH REGISTRAR AUDDI F 2ª DATE OF DEATH MONTH DECEASED NAME 26 HOUR LIVPE OR PRINTS WILLIAM MYERS HENRY OCTOBER 3. 1986 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 24 HR 3 SEX 5. DATE OF BIRTH MONTH VEAR Male White 1902 84 Sept. 9. BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRYS Anne Arundel Pennsylvania IISA WIDOWED DIVORCED [M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a LISUAL OCCUPATION 12b. KIND OF BUSINESS OF LTYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRIARDISON (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Gen. Dist. Manager Walker Co. Glen Burnie 204 Sandsbury Ave. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1136. COUNTY 13e STREET ADDRESS / ZIP CODE 13c CITY OR TOWN 1136 INSIDE CITY LIMITS? 204 Sandsbury Ave. YES [NO Y 21061 Maryland Co Glen Burnie 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST Kreidler Harv Mvers Mary ADDRESS Ma WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (Wife) (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 207.09.5114 Mrs. Ada M. Myers Same as #13 No NA APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 19a DATE OF OPERATION 20n AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21m. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PM 19 214 INJURY OCCURRED 21s. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 270.1 certify that (1) (this hospital) attended the deceased fram. saw the deceased alive an, and that in (my) (are apinian death accurred an the date and have and from the causes stated above, (1) (web (abd) (did not) view the bady after death DEGREE 72s. DATE SIGNED MEDICAL ATTENDING . DIRECTOR PHYSICIAN PHYSICIAN 22e ADDRESS TANTS NAME / TYPE OR PRINTS 9 4 Gerard Church 8 Evergreen Road Severna Park, Md. 21146 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE CITY OF TOWN Oct 6, 1986 Burial Glen Haven Mem. Park Glen Burnie A A Co. 1 Second Ave. S. W. 250 DATE REC'D. BY REGISTRAR 25L REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 Singleton Funeral Home Glen Burnie, Maryland (VRA 15, 4)

their late grangers of blooks . I seem The state of the state of the state of the state of FE/E/21

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ON OF VIII	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	HOUR A.M. MONTH D P.M. 21e PLACE OF INJURY	AY YEAR 19 211 LOCATION	CEMIER MATURE COMPANY IN HEM 18 YARI	TORPART 2)
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ATTENION OSSIGNATION OSSIGNATI		sow the deceased alive on above. (I) (we) (did) (did not) v	Oct 30 19	, and that in (my) (our) opinion	death occurred on the date and hour o	nd from the couses stoted
by the h by the h ERAL DIR		Stuart &	. Selouids		MEDICAL STAFF DIRECTOR PHYSICIAN	10/31/86
TO HOSPITAL retoined by the TO FUNERAL should be detoin with the Store IMPORTANT. I	12.		Ouicl, m. C	SI FVUULLIN .	St. Annapolis, W	ld.
BP		SPECIFY) BURTAL JNERAL DIRECTOR		LAKEMONT CEM.	DAVIDSONVILL	
DHMH - 16 60M 7/84 (VRA 15, 4)		DESTY FUNERAL	HOME12 RTDG	ELY AVE. ANN.NO	FREC'D. BY REGISTRAR 256. REGISTRA V.5 1986 Julia D	widson. Randale .

17875-80 023237 - 745 10,130/86 344 CREWL MY NUTHER Colored Frederica . 48 43 in the second second

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- STATE REGISTRAR I. DECEASED NAME

(TYPE OR PRINT)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

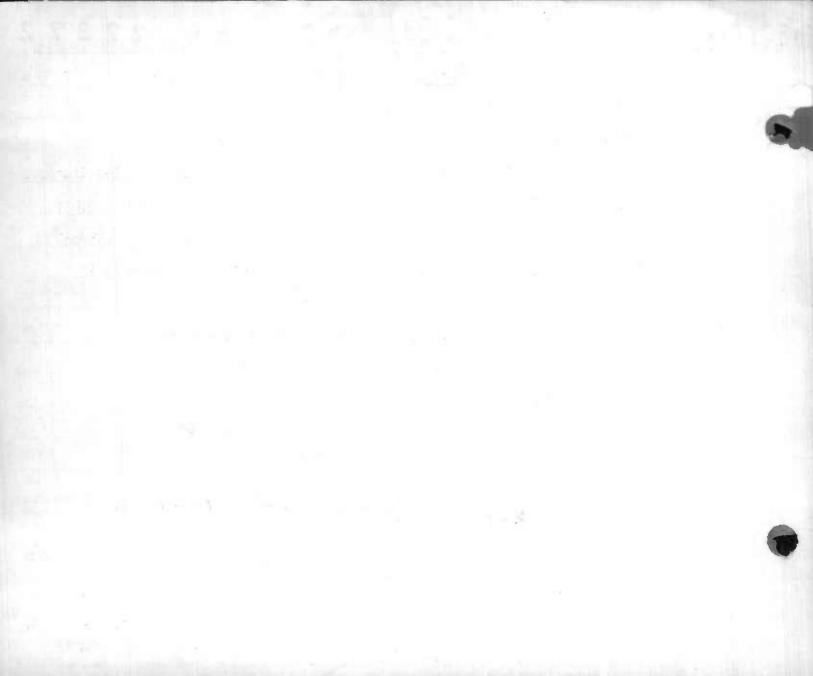
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FUNERAL DIRECTOR

Raymond Anthony O'Brien October 2, 1986 6. AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH 3. SEX December 5, 1920 White Male 65 BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED V NEVER MARRIED Baltimore, Md. USA Anne Arundel DIVORCED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Glen Burnie 709 Cotter Road Westinghouse Supervisor 13a STATE 13e STREET ADDRESS / ZIP CODE 13t. CITY OR TOWN Glen Burnie Md. AA 709 Cotter Road 2106 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Patrick O'Brien Holbrook Leo Jane S. ARMED FORCES? 17 INFORMANT Yes WW 2 Shirley A. O'Brien, wife, same as 13 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying CERTIFICATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED % DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? YES 716. TIME OF INJURY 21a. ACCIDENT WAS UNDERLYING OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH THE EITHER, NOTHEY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY 711 LOCATION CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE FARM, ETC) WHILE NOT WHILE 19 86 . and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) 22% SIGNATURE 22c DATE SIGNED DEGREE DIRECTOR PHYSICIAN PHYSICIAN E 224 PHYSICIAN'S NAME THE PROPERTY Javadpour, M. D. University Hospital. Baltimore, Md. Nassar 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE Baltimore "Cremation 3 Oct. 86 Security Process Catonsville 74 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

James S. Kirkley, Glen Burnie, Md.



FOR STATE

REGISTRAR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

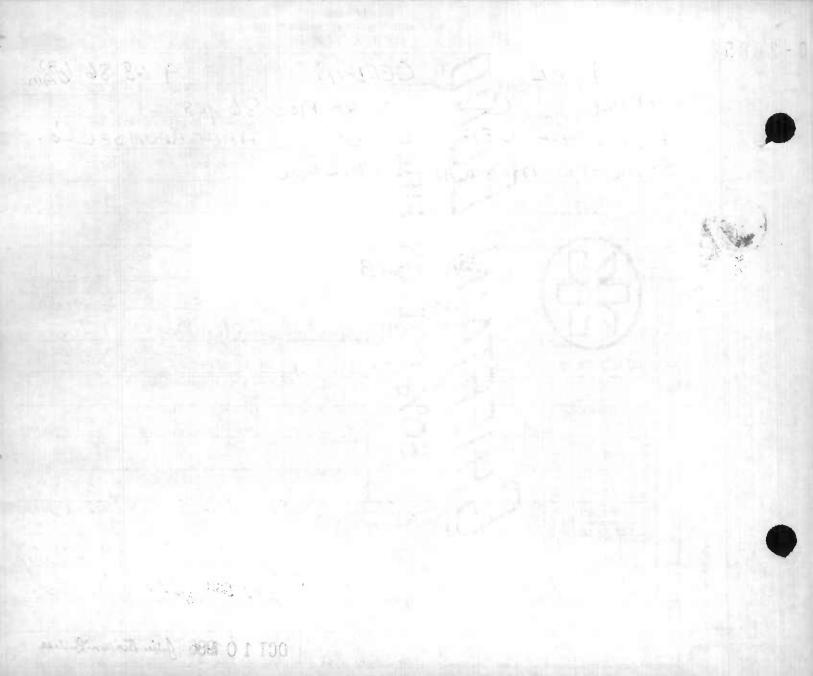
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1.5	mais	RACE	5 DATE OF	BIRTH YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF U		FUNDER 24 HRS
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7"	Additional fields	CITIZEN OF WHAT COL	INTRY? 8 MARRIED	NEVER MARRIED	9 BALTIMORE CITY C	-	DEATH	0
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1/2	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OTHER INSTITUTION	120 USUAL OCCUPATI		12b KIND OF B INDUSTRY	IUSINESS OR
-	AL RESIDENCE (IF NURSING HOME OR O	DERIDIA	NISOC	H. J. IARK	Teacher			
	STATE 136 COUNT			d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
4	Md. A. A	rundel Anna	LOTTO -	YES NO NO MOTHER'S MAIDEN N	1 705 Ame	ricana I	Drive	21403
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Dou	(YES NO OR UNKNOWN) IF YES GIVE	WAR OR DATES) 570	L SECURITY NO. 1		39-10	Vano	ore Dri	
H	Yes WWI		DX 2010	Ms. Doroi	hy Mansfield	Fairla		
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	Conditions, if ony, which gave rise to immediate	(b)	11140	, 0000	1.		- 1	*
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	PART 2 OTHER SIGNIFICANT CO	101		OT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN	IN PART) a	
NO.								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20a AUTOPSY?	206 IF YES, W		
] [YES NO	IN CERTIFYING		NO [
8	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONT	TH DAY YEAR	HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	TY IN ITEM 18 PART I	ORPART 2)	
13	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19					
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	saw the deceased alive on obove, (1) (we) (did)(did nat)	yew the bady after death			death occurred on the de	ite and haur an		
	22b. SIGNATURE	E 18.1	O a A	GREE ATTENDING	# MEDICAL STAI	F	221. DATE SIC	SNED
1	22d PHYSICIAN'S NAME (INTERIOR	PRINTA	711.1		ORECTOR PHYSIC		1/2	1/ 06,
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22-	BURIAL, CREMATION, REMOVAL		Table of Car	5 100	Town to control	THE Y	0 [1]	701.
230	(SPECIFY)	23b. DATE	ZST. NAME OF CEN	NETERY OR CREMATORY	23d LOCATION CITY OR TOWN	cc	DUNTY	STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

ADDRESS Balto., Md.

250 DATE REC'D. BY REGISTRAP 254 REGISTRAP'S SIGNATURE OCT 10 1986 Julia Dender Ludies



TO HOSPITAL OR ATTENDING PHYSICIAN The low requires that the death certificate be execu-

retained by the haspital or offending physician.

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STATE OF MARYLAND

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0	ID. CITY OR TOWN OF DEATH Linthicum				HOSPITAL, NURSIN CHEACHITY, GIVE STREET, TATLES ROA		Home)	176 USUAL OCCUPATION OF WORK FOR MOST OF SUPERVISOR	ON OF WORKING LIFE	126 KIND INDUSTR Rail	OF BUSINESS O
3	13a S	RESIDENCE (# NURSIN TATE aryland	G HOME OF		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Linthicu	N	YES NO 🔀	319 Charle	ZIP CODE S Roa	d 2109	90
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		AS DECEASED EVER IN		MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRE		3.0	
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ows any injury, or officer from	CERTIFICATION	Conditions, if any, gave rise to imme cause io), stating underlying cause PART 2 OTHER SIGN) 19a DATE OF OPERATE	diate the last.	conditions <u>c</u>		EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 20a AUTOPSY? YES NO	70b. IF YES	, WERE FINE	DINGS USED ES OF DEATH?
9		710. ACCIDENT WAS UNDER	USE OF DE	AIR	M. MONTH DA		21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	ART 1 OR PART 2)
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		URIAL, CREMATION, R SPECIFY) Burial		10/3]	101	en Ha	emetery or crematory aven Mem Park	Glen Bu	rnie	COUNTY A	Mď
83	Ge.	orge J. Go	nce	4001 Ri	tchie	wy Ba	lto Md 250 DAT	E RECID. BY REGISTRAR	256 REGISTI	RAR'S SIGN	ATURE davis

DHMH - 16 50M 4/83 (VRA 15, 4)

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5 2 20	1 6	Innapolis 1	578 Say Head	Road	Parme		
be be	₩5U.	TATE 136 COUNTY	HER INSTITUTION, GIVE RESIDE OF BEFORE ADMISSION)	13d INSIDE CITY LIMITS?	3e STREET ADDRESS /	0.11.0	1
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cute cute	160 \	VAS DECEASED EVER IN U.S. ARME	D FORCES? 166 SOCIAL SECURITY NO. 1	17 INFORMANT	Vingi	2.2	_
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EST OF TOTAL		Conditions, if any, which gave rise to immediate	(b)				
hat the oriental by the contest of t		cause (o), stating the	DUE TO, OR AS A CONSEQUENCE OF				
		underlying couse last.	(c)				
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN The low requires th attending physicion. After this certificate has been signed it so the burial-transit permit. Then pleo th and Mental Hygiene prior to burial orked or them 18 shaws ony injury, or or		PART 2 OTHER SIGNIFICANT COI	nditions <u>contributing to death</u> but n	OT RELATED TO THE TERMIN	IAL DISEASE OR CONE	DITION GIVEN IN PART 110	
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Bon be	15	190. DATE OF OPERATION	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH	12			
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Clar Physical Physica	14	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DAY YEAR P.M. 19				
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(VRA 15, 4)	tia	War Finenal	Charle Apparell	TOO lette	1 6 1986		8

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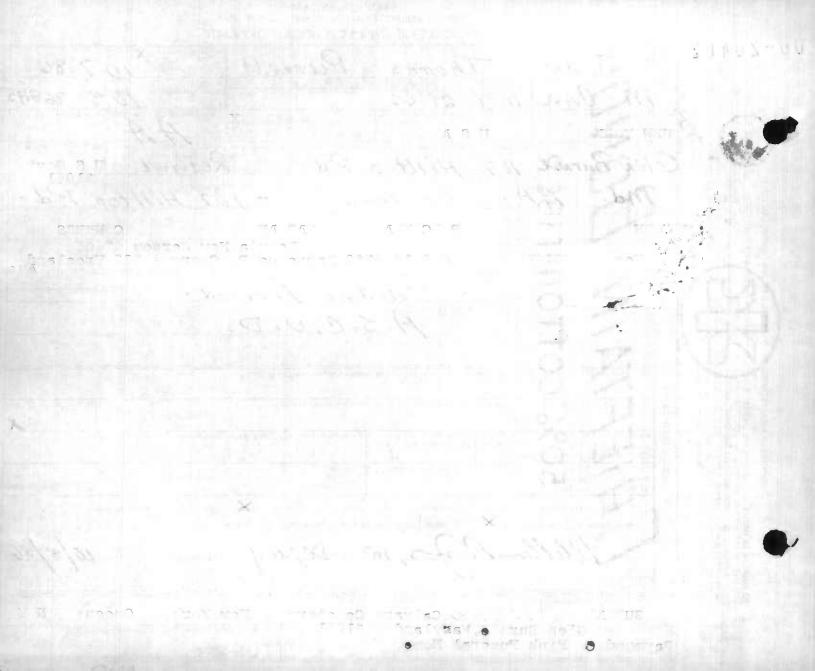
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NO. NO.		22s. I certify that I to	ak charge o	of the remains desc	ribed above, held an	Autop:	sy 🔲 , Inspection	Inquiry .	and in my a	pinion	
EXAMINER: CERTIFICATI ULD BE FOR DIRECTOR: , WITH THE !		death resulted fram:	Natural	causes .	Accident, Su	icide	, Hamicide .	Undetermined manner	<u> </u>		
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TO ME PPAGE PAGE PAGE PAGE PAGE PAGE PAGE PA	-	(TYPE OR PRINT)							/IUSCIVII.	16, 21005	
	. (:	URIAL, CREMATION, REM			23c. NAME OF CE			238. LOCATION CITY OR TOWN	COU	INTY 51	ATE
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DHMH - 17		NAME		apolis			OCT S	3 4 4000 VAE	REGISTRARS	SIGNATURE	4
(VR A15 ME (5))	MT	LLIAM REESE	& SO	NS MORTU	ARY, P.A.		1001	1 1000			9.

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		11-	REGISTAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGIND (CEASED NAME 1893) A RAGE STILL OF BIRTH NAME 1 NAME OF DAYS HOUR D	J												
10	PER STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTERA **REGISTERA** **MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTERA** **DATE RINGH STATE ST															
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	多ら三支属	3. SE	4. RA	E S	DATE OF BIRTH		6 AGE (IN YEA						MONTH	DAY		2d HOU
	N S P		m	AU	11 1				DAYS	OURS MIN			18	8	.86	2145
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4	TABLE N. V.	#			TT C	2 2	T 54					14 1	1			
	- Commercial	the second		ATH			RSING HOME				SUAL OCCO	PATION (TYPE	OF WORK	126 KIN	D OF BU	ISINESS
1		V.	Jon Ru	maline.	(IF NOT IN SUCH FA	CILITY GIVES	TREET ADDRESS	O	2	F	OR MOST OF WOR	/				
	BLX NO.	TUSU.	AL RESIDENCE (IF IN N	URSING HOME OR	OTHER INSTITUTION, GI	IVE RESIDENCE	BEFORE ADMISSIO	NI	4		NET	irea				VL
20	2012		TAD 1	136 COUNTY	a			130		-	TREET ADDRE	SS , , . ,	, ,	2.1	0	1
		14.5		1/1/	,	10/1	en Du				07	HIL	10	0	150	X -
			FIRST		WIDDLE	DO DO	LAST TO THE	13	FIRST		WE	HDDLE	-	L	AST	
9	OF PESSE							113					CO	NNE	RS	
7	SE S	160	ES, NO, OR UNKNOWN)	UEXES SEE W	ED FORCES? AR OR DATES)			NO. 1/	. INFORM	eonia	New 3	Jersey	7 07	605		
	A S A S A S A S A S A S A S A S A S A S		Yes	MMTT		089	14 4	723 I	aure	nce P	Chei	cchi :	232	Vre	DAY VEAR 2d HOU 2/45 OF DEATH KIND OF BUSINESS OR INDUSTRY S GOVT 21061 LAST NERS OF TEECLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20 AUTOPSY? YES NO NO NERS OF TEECLAND APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 21 TY STATE TO STATE NATURE	
	. 8 . 8 . 0	-	II CAUSE OF DEA	TH (Enter only	one couse per line	far (a), (b)	, ond (c).)	1.		1	,			BETW	ROXIMATE	INTERVAL
2	AL. AL.	1	PARTIDEATH				An	diAC	1	Truz	23T				1	
			34		DUE TO, OR	AS A CON	ISEQUENCE C	F								
0	A A A A A A A A A A A A A A A A A A A				(b)		17/1:	5, C	, U	,D	,					
3	> > Z = E = K		cause (o) statin	g the under-	DUE TO, OR	AS A COR	SEQUENCE C	F								
	5-22-26		lying couse last		(c)											
č	A PER SECTION		PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	NTRIRUTING 19 DEATH	BUT NOT RELA	TEO TO THE TERMI	NAL DISEASE DE	CONDITION GI	VEN IN PART 1 (0).						
3	S A S A S E E	o o	1000													
0	LEAN ME	T E	190. DATE OF OPER	ATION	196. CONDI	TION FOR	WHICH OPER	ATION WAS	PERFORME	D?				29. Al	JTOPSY'	?
-	DO HOO	FF	100											Y	ES []	NO III
>	W W W	1 1	210. EXTERNAL CAL	ISE WAS				21c. HOW	/ INJURY O	CCURRED (ENT	ER NATURE OF IN	JURY IN ITEM 18 P	ART 1 OR PA			NO
2	SHOW STANK	A	UNDERLYING D	OR CAUSE OF DE				1								
5		50						211 LOCA	TION							
2	S S S S S S S S S S S S S S S S S S S	M	WHILE NOT	WHILE	STREET, FAC	TORY, FARM, E	TC.)	STRE	13		CITY OR TO	WN	co	UNTY		STATE
	WA WA STA1		AT WORK - AT V	VORK				<u></u>								
	A SA		220 I certify that	I taak charge	of the remains des	scribed obo	ve, held an	Autopsy	L. 10	nspection 🔀	Inquiry	L. one	d in my ap	noinion		
	ME BELLEVIEW		death resulted from	m: Notural	causes 🔀.	Accident	L, Sui	ide,	Hamicide	Und	determined mo	onner,				
V	WAN WAR		ACTUAL /	100	1.0	1			TITLE (SPEC	CIFY)					1	1
	¥\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			ull	anti	4	2/m	M.D.,	Dep.	cot of M	EDICAL EXAM	NINER		010	13	186
	S P S S S S S S S S S S S S S S S S S S	1	EXAMINER'S NAME	F2'11		/	\ D		605	1				TOUNTY OF DEATH TO WORK 126 KIND OF BUSINESS OR INDUSTRY U. S. GOVT 21061 CONNERS 07605 32 Vreeland APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO A PART 21 COUNTY STATE COUNTY COUNTY STATE COUNTY COUNTY STATE COUNTY COUNTY STATE COUNTY COUN		
	A SECOND	1		W111	liam P. C	Jone,	M.D.	AD	DRES 595	Ameri	ca Crt	.David	sonv:	ılle	,Md	2103
	なるないなめ	23e.B		REMOVAL 236	DATE	~ /				23d.	LOCATION	-	COUN	NTY	SI	ALE
07/8				1	10-14-											N,Y.
25M	DHMH - 17	24 F	UNERAL DIRECTOR	len B	urnie, N	laryl	and	2106			BY REGISTRA	R 256 REGIS	TRAR'S S	IGNATU	RE	
	(VR A15 ME (5))	Ra	ymond e.	Fink	Funera	IT HO	me			CT 09	1986	Mag. No	i day	7.40	l. tr	
											The state of the s	The second second	Topic Park			



17017-00 191 thong w 1290 1021-86 4A La Same Handel PHILE WELL Exemple of the American State of the Control of the Editalisconolicación y hiprotectural de la promise de la p the contract of the contract o

1	6	1 1	tems 23,d	FilmG6	29 7/24/	87ish	TE OF A	ARYLAND	LYCHENIE .		- ~ .	
1			STATE		MEI	DICAL EXAMI	JED'C	EDTIEL ATE	OF DESTINATION OF DES	27	380	3
0 - 12	928		REGISTRAR CEASED NAME	FIRST	74161	MIDDLE)	LAST	20 DATE KNOW	NN LA WONTH	DAY YEAR	26 HOUR
	WATERNE		CR PRINT	toni	011	T W	0200	OURAPH	OF EST DEATH MAT	ED CI	20 50	I III
	REFERSE SPEEDS SEE	1. SEX	4. RAC	E	DATE OF BIRTH	6. AGE (IN Y	EARS IF UN	IDER 1 YR. IF UNDER		MONTH	JO 1966 DAY YEAR	2d. HOUR
	1日の日本日の日本日の日本日の日本日の日本日の日本日の日本日の日本日の日本日の日	1	m	nul	PONTH DAY	25 GI	PAY) MONTE	S DAYS HOURS	MIN PRONOUNCED DEAD	9	20.86	0700
	AND NOT THE REAL PROPERTY.	70 B	RTHPLACE (STATE OR	AFLL	76. CITIZEN OF WH	IAT COUNTRY?	Fa		9. BALTIMORE	CITY OR COUN	ITY OF DEATH	
-	日報の作品	M	reign country) ichigan		United	States	WIDOW	ED WEVER MARK		FA	1	140
1	ZEWE Z		TY OR TOWN OF DE	ATH		PITAL, NURSING HOM			12a USUAL OCCUPATIO		126 KIND OF BU	SINESS
1	352500	1	Arnolo	4	200	DAIR A-S-	Lov	Pa	chief Acct.	Clerk	Rail Ro	
(al	New York	13a. S	L RESIDENCE (IF IN NO	IRSING HOME OR		RESIDENCE BEFORE ADMISS	(NO)	13d INSIDE CITY LIMITER	STREET ADDRESS		2101	2
12	3人的	1	Mid	130.000	A	Arlol	d	YES NO	209 L	PONCA	ster	Pd.
MD	INCOST /	19.4	THER'S NAME		WIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
3	TANK PARTY	11	Henry		J.	Remenapp	, Sr	Nora	migott	В	endit	
IWO	N N N N N N N N N N N N N N N N N N N	160 \	VAS DECEASED EVER	LIFYES GIVE W	AR OR DATEST	166 SOCIAL SECURI	TY NO.	17 INFORMANT	AD	DRESS		
ALT	B. GIVE P. WITH FO. WITH FO. DIVISION		Yes	WWI	I	376-20-99	53	Virginia	E. Remenapp	(same	as 13)	
1			18 CAUSE OF DEAT	TH (Enter anly	ane cause per line	far (a), (b), and (c/)		1 .	1	1	APPROXIMATE BETWEEN ONSET	INTERVAL AND DEATH
PRESTON ST.	24 HO ITEM 1 LONG LONG PERMI GIENE,		PARTIDEATITY	IMMEDIATE	CAUSE (a)		An	TIAC	Frre	21.		
ESTO	ZZKEZQ		Conditions, if	anu subiek	DUE TO, OR	AS A CONSEQUENCE	9º _	0	5			
	MITHINER INER RANS TAL F	н	gave rise to	immediate	(b)		two	C. U.	1).	1.5		
201 W.	XAMIN XAMIN AL-TR MENT, OR, OR		cause (a) stating lying cause lost.		DUE TO, OR	AS A CONSEQUENCE	OF					
	5===55		DART 2 OTHER CICHELCAN	T CONDITIONS CO	(c)	DUT NOT RELATED TO THE TER	MANUAL BISEAS					
RECORDS,	PENDING MEDICA NEDICA O AS A BL ERITH AN	z	TAKE 2 OTHER SIGNATION	ii conditions co	PHILIPOTING TO GEATH	OF HOT KEENTED TO THE 1EN	MINAL DISEAS	OK CONDITION GIVEN IN P	ARI 1 tol.			
	PENDIN PENDIN PASA TEALTH	CERTIFICATION	190. DATE OF OPERA	ATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY)
ITAL	QQ=352 Z	F	Land Street		354						YES 🗆	NO DE
JF V	THE CHILD BE US WENT OF TO BOOK	H	21a EXTERNAL CAU		21b. TIME OF		21c He	OW INJURY OCCURR	ED LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR P		NOW
DIVISION OF VITAL	OTTHE		UNDERLYING CONTRIBUTING	OR CAUSE OF DE		MONTH DAY YEA	.R					
VISIO	CERTIFIC TING TH DED TO 3 SHOU DEPART PRIOR	MEDICAL	214 INJURY OCCUR	RED	21e PLACE C	OF INJURY (AT HOME,		CATION	CITY OR TOWN			
ā	500円の 100円の	Z	WHILE NOT	WHILE	STREET, FACT	ORT, PARM, ETC.)		ineel	CITY OR TOWN	CC	YTMUC	STATE
-			22e. I certify that	Ltoak charge	of the remains des	cribed abave, held an	Autap	sy . Inspection	an Inquiry .	and in my a	Ininian	
	EXAMINER: CERTIFICATE VUID BE FORV L DIRECTOR: (, WITH THE S MARYLAND,		death resulted from		causes 🔀.		vicide	Hamicide .	Undetermined manner	<u> </u>	pintan	
3.5	XAA ERTI ID B NIRE WITH		/	1111	, -	0		HILE (PECIFY)	1		. 1	,
	ALE CALLE	1	ACTUAL SIGNATURE	lell	en 1	Pape.	200	D. J lenie	MEDICAL EXAMINER	DATE		186
	NOR NOR	Por	EXAMINER'S NAME	777.7	1' D			605	J		1/50	
	TO MEDICAL EXAMI EXECUTE THE CERTIF PAGE 4 SHOULD BE TO FUNERAL DIREC AFTER DEATH WITH BALTIMORE, MARYL	7	(TYPE OR PRINT)	WII		Jones, M.D.			ircaCrt.David	lsonvil	le,Md, 21	.035
	F077490	23e.B	URIAL, CREMATION, POPECIFY) Burial		DATE 10-03-198	23c. NAME OF CE		Com	23d LOCATION CITY OR TOWN	COL	JNTY ST	ATE
07/84 25M	BP	74 E	JNERAL DIRECTOR		10-03-190	Crownsvi	lle V		Crpwnsvil REC'D. BY REGISTRAR [25]		yland	
	DHMH - 17	0	NAME DIRECTOR	Tu	795 ADDRESS	TCHIE IX	wy.	- 007	O3 HOUL	REGISTRARS	SIGNATURE	. 90
	(VR A15 ME (5))		BRKANCE	2 L'H	. DEVE	RNA HAR	SK WA	31148 061	7	- Land	A - Mouthanne	1

		FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE O 45 O	7 3 8 3
n_sennse	1.	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	EDT
720936		CEASED NAME FIRST	MIDDLE	LASY		DAY YEAR 26 HOUR
page 3	(117)	JOIN	FOX	ROBERTS	JR OCTOBER O	7, 1981 740 ME
mo)	3. SE	x	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4		male	caucasion	jan. 9, 1900	86 YRS.	DATS HOURS MIN.
To Shop Po	4	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED XXNEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
Con de		d	U.S.A.	WIDOWED DIVORCED	ANNE ARUND	
by the t	10 C	GLEN BIRNTE	(IF NOT IN SUCH FACILITY, GIVE STRE	ING HOME OR OTHER INSTITUTION ET ADDRESS) DEL HOSPITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE OWNER-OPERATOR	126 KIND OF BUSINESS OR INDUSTRY restaurant
be fin	USU 13a	AL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)		
Se filled			Arundel Jess	up YESXX NO [13e STREET ADDRESS / ZIP CODE 2737 Annapolis	Rd 20794
ed with		John 1	ox Rober	ts Sr. Ada	AME	Francis
xecut conficol	160 V	VAS DECEASED EVER IN U.S. A	WE WAR OR DATES		ADDRESS	
a a f	no		213-22-	1852 Mary Robers	ts same as above	
to the state of th			nly ane cause per line lar (a), (b), o ED BY: TE CAUSE (a) LYPhome	a- Metastato		BETWEEN ONSET AND DEATH
9 (14.9)		WWW.Co.	DUE TO, OR AS A CONSEQ	1 1	1	11/
de d		Canditians, if any, which gave rise to immediate	(16) EXhepat	e Cholangine	Jaundice	moth
by the ase rest		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	DB STRUCTIVE PULL	MONARY DIJERST	104200
signed hen ple a buria jury, ar	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PAR Tra
law rec	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
The icron. Set pe set pe giene	RTIF				YES NO YES	NO [
physical Hymnes		21a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DE	216. TIME OF INJURY HOUR A.M. MONTH	DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
YSIC ding s cert s cert Mental	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	P.M. 21e. PLACE OF INJURY	19 ZH LOCATION		
O PH)	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE	F, FARM, ETC. [CITY OR TOWN	COUNTY STATE
DIN or of the Afra and the mark			Mal) attended the deceased from	17-14-1	6 10 10/07	19.86 that (1) (last
Pitel TOR for of H		sow the deceased alive of			n death accurred on the date and have	
OR A e has DIREC Iched Dept.		226. SIGNATURA	, VIII	DEGREE		221 DATE NGNED
14 159 -	301	9 Cut	Tonbay	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/08/86
HOSPITAL inned by the FUNERAL uld be deta to the Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	7845 DAKWOOD RD.,	SUITE 203
TO HOSPITA retained by TO FUNERA should be de with the Stot IMPORTANT		SILIOTTE	And the Control of th		BURNIE, MD. 21061	
	23a. E	SURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	24 E	burial JNERAL DIRECTOR	10-11-86	Poplar Hill Cemeter		Md.
DHMH - 16 60M 7/84		NAME	ADDRESS	OPT	ATE REC'D. BY REGISTRAR 256. REGISTE	CAK'S SIGNATURE
(VRA 15, 4)	VO	naldson Funera	K. Home. P.A. Lau	rel, Maryland 1	The same of the sa	The state of the s

10-21876

STATE OF MARYLAND

	FFOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		2 7 3 8 4 • EDT
	EASED NAME FIR	ST MIDDLE	LAST	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
(IIIIC)	PAUL	JOHN	ROBINSON	OCTOBER	19. 1986 1250 AM
3. SEX		4. RACE	5. DATE OF BIRTH	& AGE (IN YEARS LAST BI	
	Male	White	Dec. 4, 190	8 77	YRS DATS HOURS MIN.
	THPLACE (STATE OR FOREK	76. CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MAR	PIED 9 BALTIMORE CITY	OR COUNTY OF DEATH
	ansas	U.S.A.			RUNDEL COUNTY MD.
10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS		TION 12a USUAL OCCUPAT	
	GLEN BURNTE	NORTH ARUNDEI		G.S.A.	Civil Service
13a S1	TATE 13b	ome or other institution, give residence befo COUNTY 13c. CITY OR TO Ne Arundel Glen Bu	WN 13d. INSIDE CITY	IMITS? 13e.STREET ADDRESS 482 Nolpai	
14. FA1	THER'S NAME		15. MOTHER'S M.		
	Unknown	Robinson	Minn		Unknown
	AS DECEASED EVER IN U		URITY NO. 17 INFORMANT	ADDR	ESS 100 Pine Drive
[14]		None 085.10.	7134 John P.	Robinson (son)	Annapolis Maryland
	18 CAUSE OF DEATH (En	ter only one couse per line for (a), (b), o		Annest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	IMN	EDIATE CAUSE (0)	4 2041014	11140031	1 Lighting 23
	Conditions, if ony, whi		THATEC UNDIF	FERENTEATED C	ALCONORS MONTHS
~		he DUE TO, OR AS A CONSEQU	JENCE OF WOT	DEGENOUTAGE	
	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUTING TO			IDITION GIVEN IN PART 1(0
NO O	1/	INSONISM			
CERTIFICATION	HE DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORM	ED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
E	10/19/14	THORAC	ENTE SES	YES NO	YES NO
CER	21a. ACCIDENT WAS UNDERLY		DAY YEAR 21c. HOW INJUR	Y OCCURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)

P.M 21e. PLACE OF INJURY

211. LOCATION STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

COUNTY STATE

MEDICAL

22a. | certify that (I) (this haspital)-attended the deceased fro

and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

sow the deceased alive an above, (1) (we) third (did not) view the body after death. 726. SIGNATURE

ATTENDING PHYSICIAN)

MEDICAL STAFF
DIRECTOR PHYSICIAN

CITY OR TOWN

771 DATE SHONED

224 PHYSICIAN'S NAME (THEOFERING)

23a BURIAL, CREMATION, REMOVAL

(IF EITHER NOTIFY MEDICAL EXAMINER)

NOT WHILE

21d. INJURY OCCURRED

22e ADDRESS

200 HOSPITAL DRIVE SUITE 500

BP.

TO FUNERAL DIRECTOR: After should be detached for use as with the State Dept. af Health

MPORTANT

and Mental Hygiene

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY) Burial GLEN BIE Glen Haven Mem Park

DEGREE

236 LOCATION Glen Burnie

COUNTY A.A.

STATE Md.

24 FUNERAL DIRECTOR Home, Glen Burnie, Md Singleton Funeral

236. DATE

REGISTRAR 256 REGISTRAR'S SIGNATURE

JOHNSON LIGHTER TOTAL AND SERVICE

(3

Doe to be made the free to .

		FOR	DED A DE MA	STATE OF MARYLAND	IFMF (2)	, , ,
10-22050	1.	STATE REGISTRAR	DEFARIM	ENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	1000
by be oge 3 deoth		CEASED NAME FIRST OR £1 &	MIDDLE	Rowe	20 DATE OF DEATH MONTH	7-86 10 A M
ge 4 mo) ector, po	3. SE)	FEMALE	white	S. DATE OF BIRTH MONTH J OAY YEAR T T T T T T T T T T T T T	6 AGE (IN YEARS LAST BIRTHDAY) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS
nerol dir.		RTHPLACE (STATE OR FOREIGN)	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNT	YOFDEATH MD.
ofter de	10. CI	LIPON PORK	11. NAME OF HOSPITAL, NURSING	HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION ITYPE OF WORK FOR MOST OF WORKING	126 KIND OF BUSINESS OR INDUSTRY
24 hours	130 S	IL RESIDENCE HE NURSING HOME OR OF TATE	DITHER INSTITUTION, GIVE RESIDENCE BEFORE TY 13. CITY OR TOWN		13e STREET ADDRESS / ZIP COL	Severon Park
sho sho	14. FA	THER'S NAME Densamin "	NIDDLE ASST	15. MOTHER'S MAIDEN NAME OF SERVICE OF SERVI	ME HOOIS	FARRAR
(F) 7		AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) [IF YES, GIVE	AED FORCES? 16b SOCIALISECUE WAR OR DATES)	5258 Marian Sta	evens (Same	11.15
		PART I. DEATH WAS CAUSED			n. lus o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
th cert orbor or rer		IMMEDIATE	DUE TO, OR AS ACONSEQUE	NCE OF	new .	4 (25) 1/1
that the deat d by the otter lease remove. iol, cremation or other froum		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
equires signe Then p to bur njury,	NO	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO D	MASS AND THE TERM TO THE TERM	INAL DISEASE OR CONDITION G	VEN IN PART 110
The low rection. Te has been ssit permit. giene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH (DPERATION WAS PERFORMED	IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES \(\text{NO} \)
HYSICIAN: The Inding physicion. Is certificate has buriol-tronsit per Mentol Hygene or Item 18 shows	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH DA	Y YEAR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
IG PHYS ottendin	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	?ie. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE, FA	RM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
TTENDIN pital or TTOR: Af for use o of Health		27a certify that (I) (this haspite sow the deceased alive on above, 10 we) (did) (did not	10/9 19 8	4/3 , 19 8 9 36 , and that in (my) (our) apinion	to 10/19 death occurred on the date and ha	, 19 <u>86</u> , that (I) (we) lost
At OR A the hoss At DiREC detoched bit Dept		226. SIGNATURE	Military	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED 16.19-86
HOSPITAL HOSPITAL FUNERAL WId be de- wild be de- contrant:	1	228 PHYSICIAN'S NAME (TYPE OR SHERINAN)		D MERIDIAN	NURSING- HO	146 PARK 21141

DHMH - 16 60M 7/84 (VRA 15, 4)

23a. BURIAL, CREMATION, REMOVAL

House Rd

3000 CELANDE SOUND CONTRACT CONTRACT District Committee of the Committee of t Thirty I was to a little with the way to have

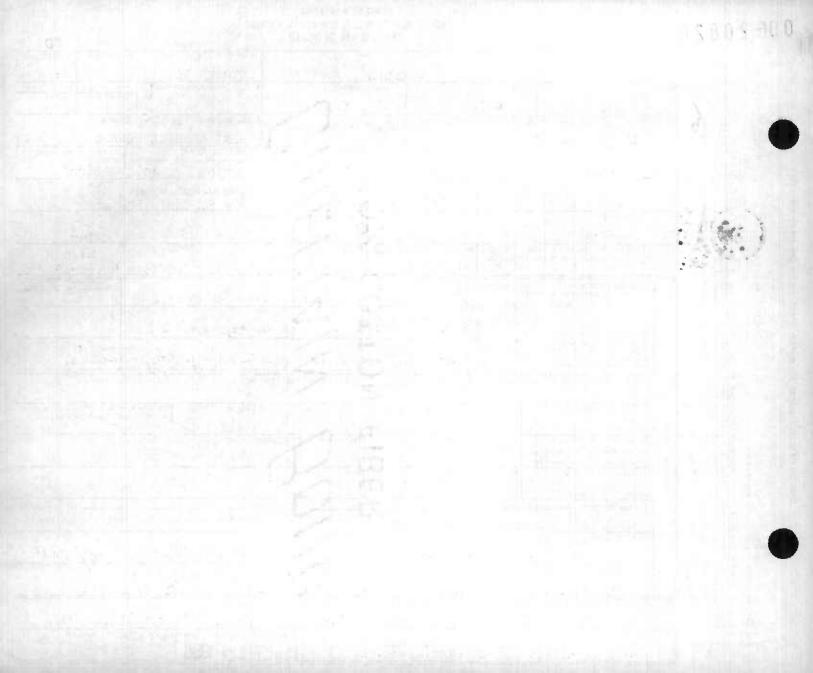
TITE BALL AND ANAPOLIS ELVE

ā. ⁽⁷⁾

James S. Kirkley, Glen Burnie, Md. 21061

DHMH - 16 60M 7/84

(VRA 15, 4)



					STATE OF MARYLAND		
10	21120	1.	FOR STATE	DEPARTM	IENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	8 0	7 3 8 8
0 0 -	21136	1.05	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 2a DATE OF DEATH MONTH A	2b HOUR
	, n£		OR PRINT)	- /		TO DATE OF DEATH	1 86
3	page 3		HELEN	6 4	SCIBLE	1.465	2110M
Ì	of poten	3 SE	X	4 RACE	S. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
900			FEMALE	WHITE	08 29 15	// YRS	
0	10 S LE 3	70 B	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	OF DEATH
	A Carlo	M	ashington DC.	USH	WIDOWED DIVORCED	ANNE HRUN	OEL MO.
	23 6	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	126 KIND OF BUSINESS OR INDUSTRY
100	à	1-	NAPOLIS	ANNE HRUNDE	LGENERAL HOSPIT	1 Homemaker	Home
212	und al	13a.	AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE BEFORE		13e.STREET ADDRESS / ZIP CODE	
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SYL)	1 18 18	14. F/	ATHER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE	LAST *
MARY	180		James	L. Gross	Mary	Margaret	Brown
	2 2 2		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECUI	RITY NO. 17 INFORMANT	. J ADDRESS S	ameas
IMO	Poge medi		YES NOOK ONKNOWN) . IF TES, ON	214.52	9029 Robert	H. Scible -	#13
BALTIMORE			18 CAUSE OF DEATH (Enter or	nly one cause per line far (a), (b), and	lieu .		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1 0 0 Les		PART I. DEATH WAS CAUSE	TE CAUSE (a)	1 PHOMB		
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3	by the other		underlying cause last.	(c)	1462 01		
201	ned plecouring		PART 2. OTHER SIGNIFICANT		PEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 110
RECORDS,	Ther Ther to b	NO NO					
0	priorio	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
I R	o o o o	E					YING CAUSES OF DEATH?
DIVISION OF VITAL	ysicio consit hygie	E E	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		RED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART I OR PART 2)
OF G	ng physin renthicol rental Hy	14	OR CONTRIBUTING CAUSE OF DEA		19		
NO	of the	MEDICAL	214 INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
NISI O	After this e as the bu aith and M	X	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FA	ARM, ETC.)	1 1 at	STATE
	a Aft of the solith			ital) attended the deceased from_	3/85 19	10/10/86	19, that (we) last
4	200		SOW INCOME CONSESSION OF THE COLUMN C	view the body after death.	, and that in (my) (our) aprinian	death accurred an the date and have	and fram the causes stated
	on Applied Popularian		22b. SIGNATURE	y view the body differ death.	DEGREE		27c. DATE SIGNED
	4		Atta	18trains of	2 MM ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	10/11/26
6	L Som	1	22d. PHYSICIAN'S NAME LTYPE O	OR PRINT)	22e ADDRESS	- Children	
	0 . 0 + 0	1	Stanlour	abtKiner	NI SI FRENK	lin St Dance	notice Mil
Ş	Show which are	23a	BURIAL, CREMATION, REMOVAL	123b. DATE 123c N	AME OF CEMETERY OR CREMATORY	23d LOCATION	c pons, mo
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		24 F	UNERAL DIRECTOR	10011.201001	250. DA	TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
D	HMH - 16 60M 7/B4 (VRA 15, 4)	1	WANE FUNEN	al about 100ss	napolis ma OCT	1 6 1986	video Bridge
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE
CERTIFICATE OF DEATH

3 6 2 7 5

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

				REG. NO.	
	I DECEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR 9:30
	Angelo	٧.	SCURTO	September 17	,1986 p. M
	3 SEX	4 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
	Male	White	July 2,1935		
6	Maryland	V.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	Anne Arund	
2		North Suca fine of Africa	midel Mospita		126 KIND OF BUSINESS OR INDUSTRY Printing Co.
5			ket 138 INSIDE CITY LIMIT	56 Main St	reet 21774
16	Angelo	Scurto	IS MOTHER'S MAIDE	len MIDDLE (no	t available)
2	TVAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECUI E WAR OR DATES) 218-36-	-2676 New Mar	uth V. Scurto ket, Md. 21774	56 Main St.
		ly ane cause per line for IoI, Ib., and DBY E CAUSE (a) CARDIAC	Annest		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	Canditions, if any, which gave rise to immediate cause 101, stating the underlying cause lost	DUE TO, OR AS A CONSEQUE	my Antony 1	XJEASE_	
	PART 2 OTHER SIGNIFICANT OF	CONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART to
2	190. DATE OF OPERATION	196 CONDITION FOR WHICH (OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? YES \(\begin{align*} \text{VES} &
-	OR CONTRIBUTING CAUSE OF DEA	on the second se	YEAR 19	CCURRED (ENTER NATURE OF INJURY IN ITEM II	
	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET FACTORY, OFFICE FA	211 LOCATION STREET	CITY OR FOWN	COUNTY STATE
	saw the deceased alive an above, (1) (did not			inion death accurred on the date and he	our and from the causes stated
	226 PHYSICIAN'S NAME LLYPE O	Ashwalm	PHISICIA	NG MEDICAL STAFF	221. DATE SIGNED 9-18-PG
		Ashwal, M.D.	West 7	th St., Frederi	ck, Md. 21701
	230 BURIAL, CREMATION, REVIOUAL ISPECBURIA	ept 20,1986M	t. Olivet Come	DRY 23d LOCATION	COUNTY STATE

25mith Keen Bastord P.A. RES. Funeral Home 106 E. Church St., Frederick, Md. 21701

DHMH - 16 60M 7/84 (VRA 15, 4) Especial Control of the Control of t

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	S REG. NO.	2	7	3	7

5 1	FOR - STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE 8 6	2 7	3 9 1
	ECEASED NAME FIRST	MIDDLE	L	AST		MONTH DAY YE	AR 26. HOUR
(34)	PE OR PRINT) Marv	(NMN)	Sh	afer	October	9, 1986	3:56 PM
3. SI	EX	4. RACE	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1	EAR IF UNDER 24 HRS
1	Female.	White	Jan.	.14 1897	89	YRS MONTHS D	AYS HOURS MIN.
70. E	BIRTHPLACE (STATE OF FOREIGN	TE CITIZEN OF WHAT COUNTRY	? 8.	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	H
7	Maryland	U.S. A	WIDOWE	DIVORCED [Anne-A	rundel	CO. MD.
10.5	CITY OF TOWN OF DEATH	 NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREET 		R OTHER INSTITUTION	12a USUAL OCCUPATE		D OF BUSINESS OR
	Linthicum	Metidian.	Ham	monds lane	Florist		f Employed
13a.	MD A	TY A. Co. Linthic		134 INSIDE CITY LIMITS? YES NO NO NAME OF THE PROPERTY OF THE		ZIP CODE	Rd 21090
4		NOWN)		Anna	- MIDDLE Be	11 [3 ddle
160	WAS DECEASED EVER IN U.S. ARA	WAR OR DATES)	-5724	Mr William F	nephew) 210	ss A Donnybro	21204
z	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE TO THE CONTRIBUTING TO	UENCE OF	NOT RELATED TO THE TERMI	nal disease or coni	DITION GIVEN IN PAR	tt Ito
CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	TH OPERATION	N WAS PERFORMED	200 AUTOPSY? YES □ NO [62]	206. IF YES, WERE FI	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c HOW INJURY OCCURR	_ 4		
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	Y STATE
	220.1 certify that (I) (this hospit saw the deceased alive an above, (I) (we) (did) (did nat	al) attended the deceased from 0 0 5 19	26	nd that in (my) (aur) apinion d	eath occurred on the do	ite and hour and from	
	C- Viller	The			MEDICAL STAF	F IAN []	O PO PE
	Dr. C. Milton			202 W. Maple	road. Lint		1090 . Maryland
730	BURIAL, CREMATION, REMOVAL		NAME OF C	EMETERY OR CREMATORY	73d LOCATION		, idijidha
	(SPECIFY) Burial				CITY OR TOWN	COUNTY	STATE
	FUNERAL DIRECTOR	Oct 13,1986 L	oudon .		Baltimor		<u>Marylan</u> d

DHMH - 16 50M 4/83 (VRA 15, 4)

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Singleton Funeral Home

Glen Burnie Maryland

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	a o	po .		3 SEX		4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	Y) IF UN		NDER 24 HRS
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35, 2	uires	hen hen b	1	Z	PART 2. OTHER SIGNIFICANT	CONDITIO	ons <u>contribut</u>	ING TO DEATH BU	I NOT RELATED TO THE TER	MINAL DISEASE OR CONDITI	ON GIVEN II	N PART 110	
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NE C	o .	perm ne pr	>	FIC.	THE DATE OF OPERATION	170	COMPINONTON	WINCH OFERATION	NAS FERFORMED	IN	CERTIFYING	G CAUSES OF D	DEATH?
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	eND olo	JR. ,			220 Legitify that (I) (this hose the deceased alive a	1114	ged M becease	X / /	09 19	n death around a third to			(I) (we) lost
	ATTEN	d fo	7		more, (1) (we) (did) (ad n	not) view th	e body ofter deat	h.		n death occurred on the date o	and hour one		
	0 4 C	DIRE Dep		-01	THE HIGHATURE	/	l- 0.		DEGREE ATTENDING	MEDICAL STAFF		22c DATESIGN	CA
	ITAL by th	RAL det tote			VECK	vec	sue	w	PHYSICIAN	DIRECTOR PHYSICIAN		10/3//	06
	HOSPITAL	d be			22d. PHYSICIAN'S NAME (TYPE	0 10-	,		22e ADDRESS	2-0.0.		. 1 .	044
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	7 5	F 0 > 5	3		URIAL, CREMATION, REMOVA	AL 23b. D	/ /	140	CEMETERY OR CREMATORY	23d. LOCATION	co	MA	MA
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	DHM	H - 16 60M 7	/B4	24 FL	MERAL DIRECTOR	,		ADDRE 1	1 A 250 D	ATE REC'D BY REGISTRAR 256			Jack.
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5 7	BALTIN	HORE MO	TO CITIZEN OF	S.A.	WIDOWED		X ANNE	TRU	NOEL	MD.
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0.100	18 CAUSE PART I.	OF DEATH (Enter only DEATH WAS CAUSED IMMEDIATE	y one cause per D BY: E C AUSE (a)	r line for (a), (b), ar	-	Breast	Cance		BETWEEN OF	MATE INTERVAL INSET AND DEATH
gned by the attending to please remove configuration, or buried, cremation, or say, or other traumation.	gave rise cause to underlying	s, if any, which to immediate), stating the couse lost	(b) DUE TO, Offi (c)	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO	JENCE OF	OT RELATED TO THE	terminal disease or	CONDITION GIVE	N IN PART 110	
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PAL DRE detoched detoched core Dept	22b. SIGNA	EWC	steet		/	GREE ATTENDIN PHYSICIA		STAFF HYSICIAN []	22c. DATES	20/86
ORTAN D	22d. PHYSIC	IAN'S NAME ITYPE OR		OLE III		51 FRAN		T ANN	APOUS	s Md.
1 0 2 1 3/							1001100017101			
1 0 2 1 3/	SO BURIAL, CREA	ATION, REMOVAL	10/11	/86 G	DAR I	HILL (RS	SUITED 23d LOCATION CITY OR TO	WN A	SUNTY	MD.

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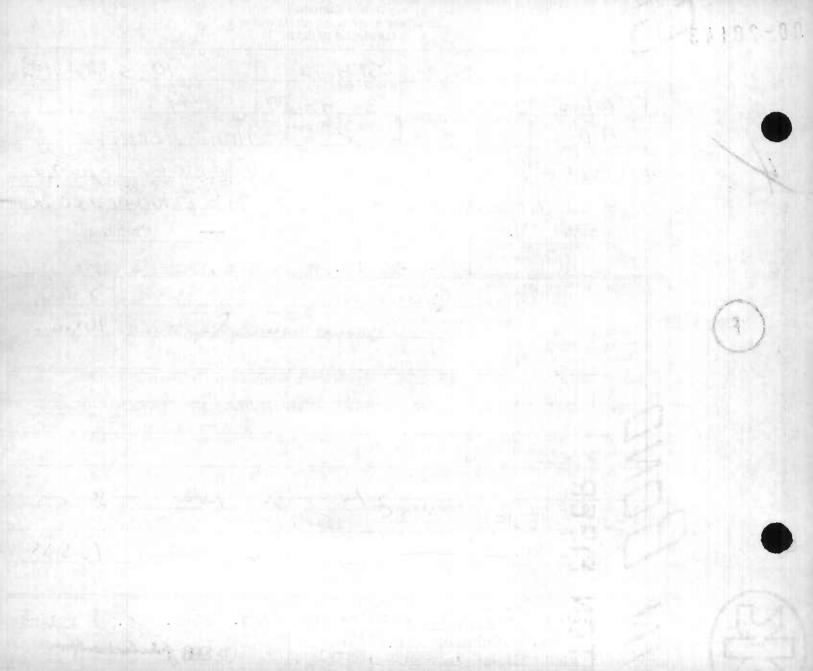
	1	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 5 7 3 9 5								
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. m.s		CEASED NAME FIR	1 4	MIDDLE		AST	26. DATE OF DEATH		YEAR	26 HOUR
de oa		MABEL		Gertrude		LEY	OCTOBER	1936	1240 AM	
E D	3. SE	X	4 RACE			DE BIRTH	6. AGE (IN YEARS LAST BIRTI	UNDER I YEAR IF UNDER 24 HRS		
rs of o		Female	1 2	White	August 23, 1904		8	2 YRS.		
nerol dir		RTHPLACE (STATE OR FOREK COUNTRY) Maryland		USA II. NAME OF HOSPITAL, NURSING HOME		D NEVER MARRIED X	9 BALTIMORE CITY OR COUNTY OF DEATH ANNE ARUNDEL COUNTY			Y MD
led with	10. ⊂	GLEN BURNI				OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Self Employed Clerk			
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4 1/17	2/) James	MIDDLE W.	Solley		Lillie	MIDDLE		LAST	
W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	16c \	WAS DECEASED EVER IN U		166 SOCIAL SECU	RITY NO.	17. INFORMA(NSister	E.	57601	Mor	eland
Q I I	A	YES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES) NA							
1 1 13	-			1216.32.7		Mrs. Mollie	E. Solley	Glen I		
ST., BA		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive Heart Farlure APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 2 days							ays	
NO E PROPERTY		DUE TO, OR AS A COMPEQUENCE OF								
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OF O	A	OR CONTRIBUTING CAUSE	OF DEATH	i.m. month da p.m.	AY YEAR					
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D N O O N O O N O O N O O N O O O O O O		22a.1 certify that (I) (this	haspital) attended t	he deceased from_	9-	20 19.86		9 19	86	that (1) (we) last
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R ATT hospit		22b. SIGNATURE	did not view the bady	y after death.		DEGREE			224 DATES	SIGNED
the proof	1 8	X	~	#	1	M.D. ATTENDING PHYSICIAN I	MEDICAL STAF	F C	10-9	7-66
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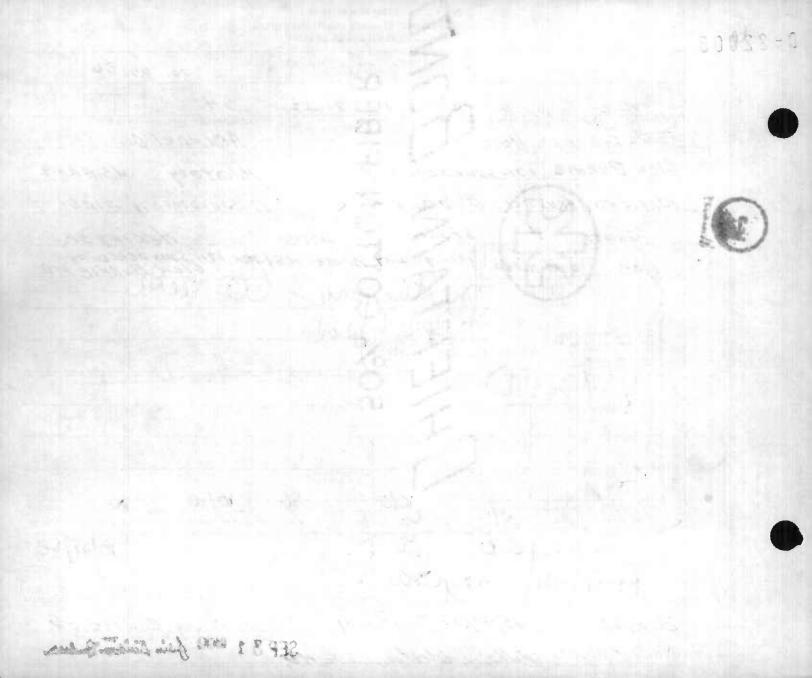
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1 11/	\$ 2	18 c	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT INAUCH FACILITY, GIVE STREET	ING HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
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STATE OF MARYLAND - STATE REGISTRAR REG. NO DECEASED NAME TO DATE KNOWN N MONTH CTOPE CHI PRINTS OF ESTI-DEATH MATED 74 HOUR DATE YEAR PRONOUNCED 2027 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. DIVORCED IS CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 17h KIND OF BUSINESS FOR MOST OF WORKING LIFET 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS JENNINGS MARGARET Apt. 106, APARMapolis, Md. 21401 16b. SOCIAL SECURITY NO 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 219-16-2254 SUSIE B. STEWART 200 D Hill Top Lane 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (a PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 90. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an ond in my opinion Hamicide ___ Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME William P. Jones, M.D. AD605 America Crt. Davidsonville. 230 BURIAL, CREMATION, REMOVAL 236 DATE BURIAL Crownsville 10-9-1986 MARYLAND VETERANS CEME. 07/84 25W Annapolis, Md. 750 DATE REC'D BY REGISTRAR 756 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 21401 **DHMH - 17** (VR A15 ME (5)) WILLIAM REESE & SONS MORTUARY, P.A.

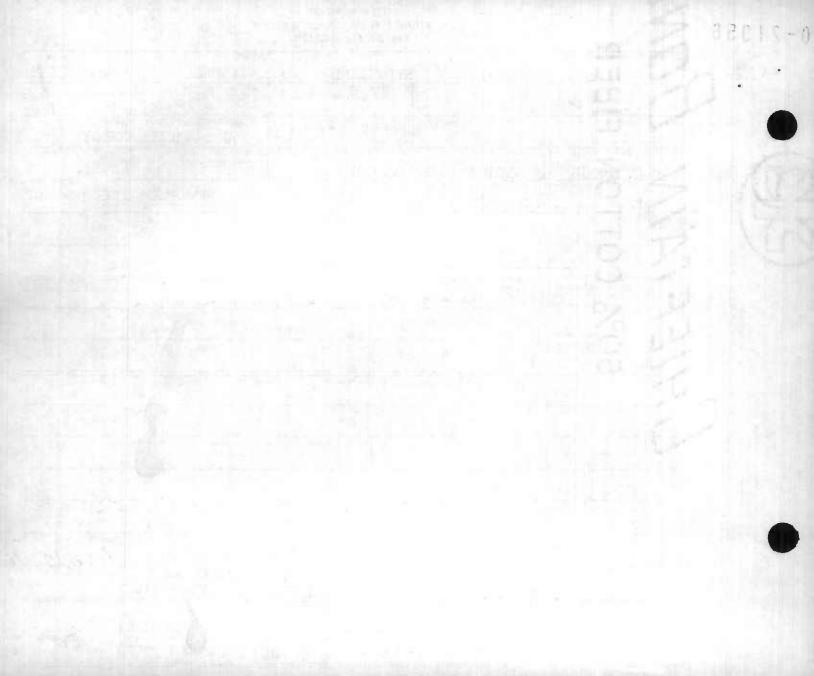
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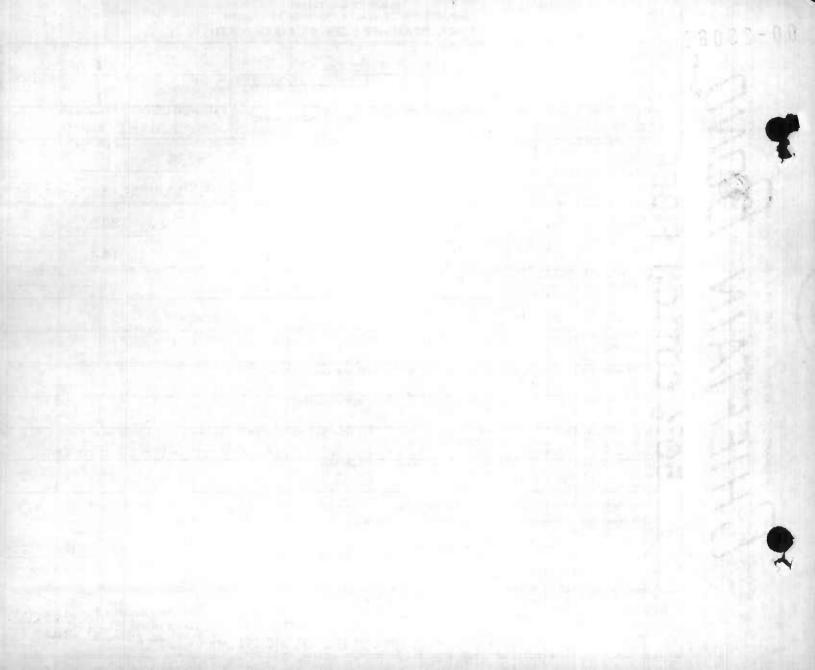


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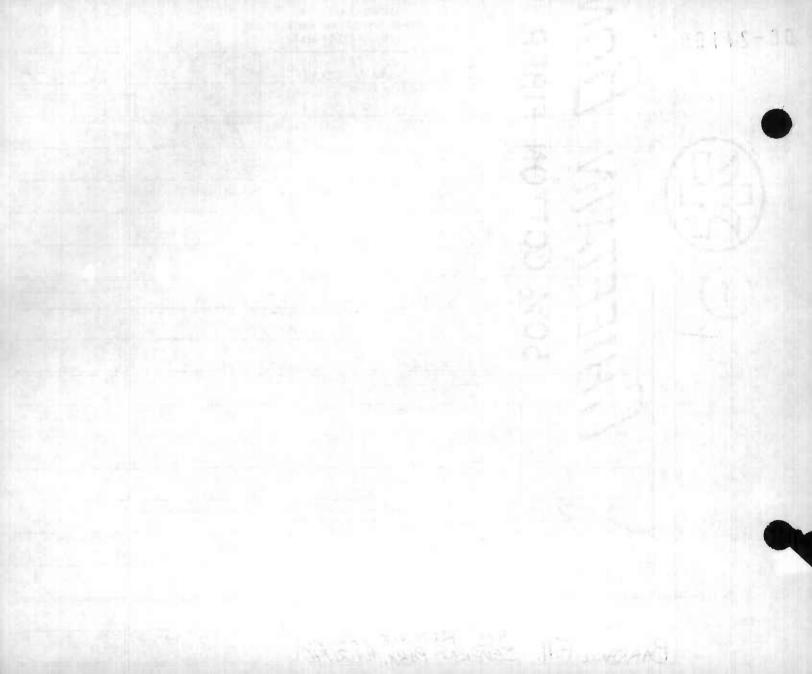
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N	-	23069	1	REGISTRAR		MI	EDICAL	EXAMIN	ER'S C	ERTIFICATE	OF DEAT	H)	REG. NO.			
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			(TYF	E OR PRINT)								OF ES	III-			28 1100K
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.3	/	一	10.0			(IF NOT IN SUCH I			OROTHE	KINSTITUTION	FOR MOS	T OF WORKING	LIFE)		R INDUSTRY	
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	3.	A THIT	IJI F	ATHER'S NAME						15. MOTHER'S MAIL						
	2	E 200/		HOMAS	N.	MIDDLE	SUITT	LAST	-10	CARRIE		MIDDLE	J.	SUIT	LAST	
	OR:	BB 4 4 7	20							17 INFORMANT	-		•	2011	. 1	
	2	## 0 25 V	100 (VAS DECEASED EVER ES, NO, OR UNKNOWN) ES	(IF YES, GIVE WA	LE OR DATES)		-05-68			0		DDRESS			
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	9	A SEE SEE	1	PART 2 OTHER SIGNIFICAN	T CONDITIONS CO	NTRIBUTING TO DEAT	N BUT NOT RELA	ITED TO THE TERMI	NAL DISEASE	OR CONDITION GIVEN IN P	PART 1 (o)					
	8	ENDIN WEDIN	I S													
	2	tool Pr	INCATION	190. DATE OF OPER	ATION	196 COND	ITION FOR	WHICH OPER	ATION W	AS PERFORMED?				20 /	AUTOPSY?	
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-		製造器を表現し	1	death resulted from	n: Notural	causes L.J.	Accident	X, Sui	ride	Homicide	Undeterm	uned manner	L.			
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15		MEDICAL DI CUTE THE CI SE 4 SHOUL FUNERAL DI FROMEN W	Y	EXAMINER'S NAME		//										
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	. 1	525554	23e.B	URIAL, CREMATION, R	EMOVAL 23b	DATE	23c. 1	NAME OF CEM	ETERY OF	CREMATORY	23d LOCA	TION				
07/	10.4	DD	P	URIAL	11	0-22-86		EMONT			RDENS		DCOM	COUNTY	STAT	
258		BP	_	UNERAL DIRECTOR		22-00	, HUI	TIMOINI	111111		REC'D. BY RE		D SUN I			.co.
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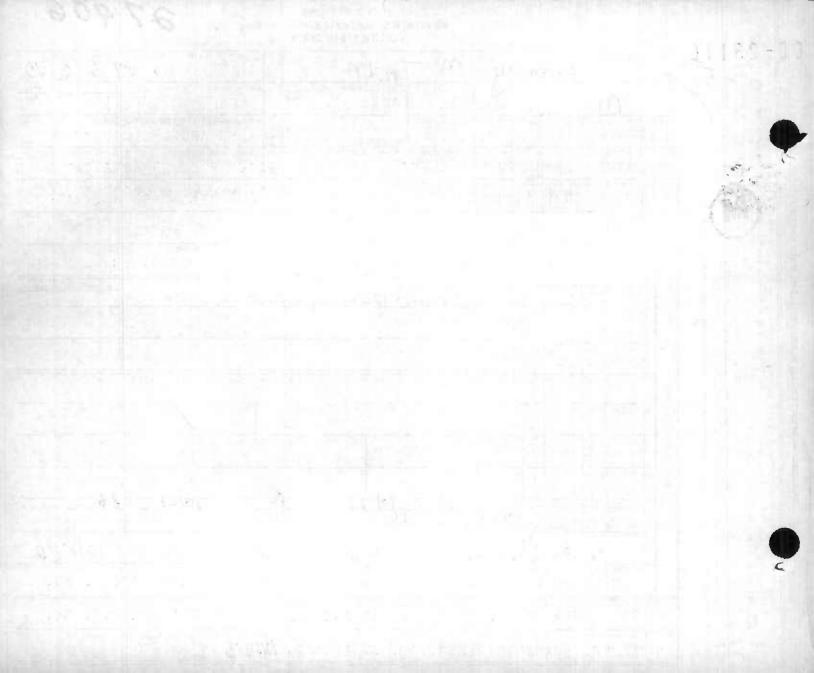


DHMH - 16 60M 7/B4 (VRA 15, 4)



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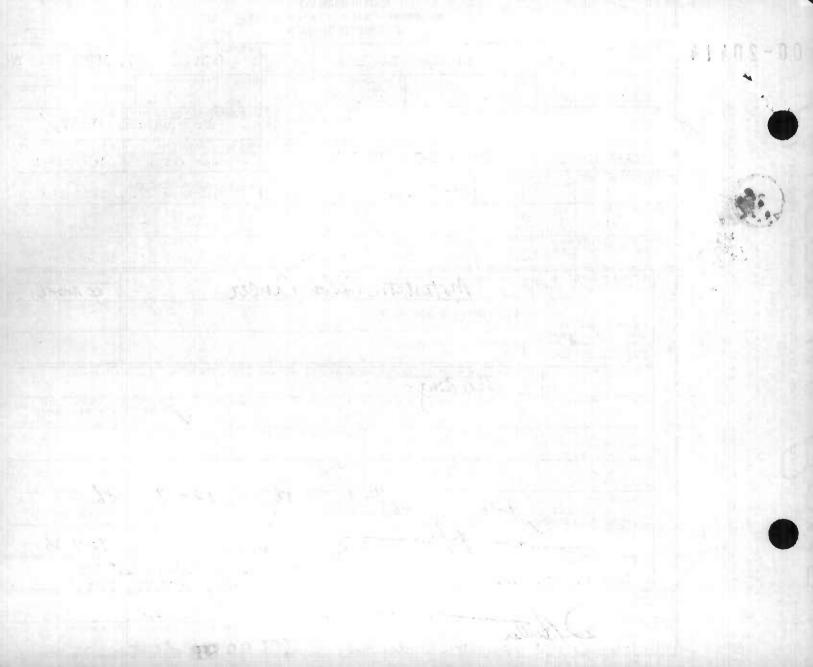
STATE OF MARYLAND



STATE OF MARYLAND

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	1-	FOR STATE REGISTRAR			DEPARTM	CERTIF	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENES 6 2	7 - 0 8 EDT
00-20414		CEASED NAME OR PRINT)	JOHN JOHN		WILLIAM	TRAG	AST ESER	OCTOBER 0	7, 1986 751 A
4 may l	3. SE		4	RACE		5. DATE C	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
oge oge	_	male		white		Jai	1. 17, 1911	75 YRS	
Seoth. P	·	RTHPLACE (STATE ORFO		USA	WHAT COUNTRY?	WIDOWE		9 BALTIMORE CITY OR COUNT ANNE ARUNI	DEL COUNTY MD.
by the full with	10 CI	GLEN BUR		1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NO WHAT ARE AREA PORCES OSPITAL)				170 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L Printer (ret)	12b. KIND OF BUSINESS OR INDUSTRY Oles Envelope
AND 212	13a. S	AL RESIDENCE (IF NURSI TATE MD	13b COUNTY AA		GIVE RESIDENCE BEFORE	V	134 INSIDE CITY LIMITS?	13. STREET ADDRESS / ZIP COD 8202 Kramer CT	. Apt 1B 21061
E CANTON OF CO	14 FA	THER'S NAME		DDIE	LAST		15. MOTHER'S MAIDEN NAM		
, MAI		Charles		J.	Trageser		Mary	Ann T	rageser
BALTIMORE, cote be executor bysicion and coppers. Poges, val.	160 V	VAS DECEASED EVER		VAR OR DATEST	215/03/65		Helen M. Meye	er (daughter) Gl	en Burnie,MD
COROS, 201 W. PRESTON ST. w requires that the death certif been signed by the attending pl int. Then please remove carbans into to buriol, cremotion, or rem inty injury, or other traumatic eve	TION	Canditions, if any, gave rise to imm cause (a), stating underlying cause	lost.	DUE TO, O (b) DUE TO, O (c) INDITIONS CE	ceding	NCE OF		INAL DISEASE OR CONDITION GI	IVEN IN PART I 10.
TAL REC	CERTIFICATION	21a. ACCIDENT WAS UND		21b. TIME C	0			YES NO Y	IFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The law requir often this certificate has been sig os the builditronsit permit. Then the and Mental Hygiene prior to be orked as them 8 shows any injury	MEDICAL C	OR CONTRIBUTING C	AUSE OF DEATH	HOUR A.	M. MONTH DA M.	Y YEAR		RED (EMTER NATURE OF INJURY IN ITEM 18	PART OR PART 2}
UVISION Set PHY Set Phis Set the but Set t	MED	21d INJURY OCCURR WHILE NOT WHI AT WORK AT WORK	ne 🗆	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	RM ETC]	21f LOCATION STREET	CITY OR TOWN	COUNTY STATE
the haspital or the haspital or the haspital or the Polymer Towns and the polymer the Dept. of Head I is m.		720.1 certify that (1) saw the decease above, (1) (we) (d 72b. SIGNATURE	d alive an iid) (did nat)	yiew the bady	19 8		DEGREE ATTENDING PHYSICIAN	medical STAFF DIRECTOR PHYSICIAN OAKWOOD ROAD, SI	10-7-36
TO HOSPITA retoined by TO FUNERA should be d with the Sto	23a P	LONG S.		M.D.	173, N	AME OF C		RUPNIE MARYLANI	
BP	(SPECIFY)	1					CITY OR TOWN	COUNTY STATE
01	-	urial UNERAL DIRECTOR	12/	10 Oct	-1900 Ua	Klawr	Cemetery	Balt E REC'D. BY REGISTRAR 256. REGIS	TRAP'S SIGNATURE
DHMH - 16 60M 7/84 (VRA 15, 4)		ngleton Fu	neral	Home.	Glen Burn	ie. N	000		THAIR S STORATORE
	<u> </u>				- LUI DULI				to the same of the



00-21644	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND M TEALTH AND M TEATE OF DE	ENTAL HYG	IENES 6	2 NO.	7 4 () 7 EDT
. 64	1. DECEASED NAME (TYPE OR PRINT)			MIDDLE		AST		20 DATE OF DEATH	HINOM	DAY YEAR	26 HOUR
noy be page r deat		LYDE		STON		MNAL		OCTOB		8, 1986	0852 AM
or. p	3 SEX		4 RACE		5. DATE C	1 DAY	YEAR	6 AGE (IN YEARS LAST	BIRTHDAY)	MONTHS DAYS	HOURS MIN.
oge irect	Male		White			t. 9, 1	908	78	YRS		
death. P death. P tonce	South Ca	rolina	U.S.A		MARRIE		ORCED [EL COUN	IY MD.
201 by the f filed with	Michigan Company	BURNIE	"NORT	HOSPITAL, NURS	EL HOS	PITAL	TUTION	(TYPE OF WORK FOR MOS	TION TOF WORKING L PRATOR	IFE) 126 KIND O	rydock
BALTIMORE, MARYLAND 2120 cole be execu ysicion and cerrity front by opers. Pages 1 vol. vol. vt. the medical examinentarys be fill	USUAL RESIDENCE 130. STATE MD	A.	ROTHER INSTITUTION	132 CITY OR TO				13e.STREET ADDRES. 8 Birch	Ave. 2	1061	
LECTOR S	14 FATHER'S NAME		WIDDIE	Trimna	. 1	Nell	MAIDEN NA/	WE		Chewr	ว่ากด
SE, A	Charles 160 WAS DECEASED	EVER IN U.S. AL		16b SOCIAL SEC		17 INFORMAN	1T	ADD	RESS	CHEWI	ing
MORE execution and companies a	NO OR UNKNO	(IF YES, GI	VE WAR OR DATES)	242-07-	2714	Lena	Trimna	1 same as	13		
requires that the death certing is signed by the ottending F. Then please remove carbon or to burial, cremation, or reny injury, an other traumatic ex	gove rise couse (o), underlying	Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN I									
AL RECO	19a. DATE OF			ITION FOR WHIC	TH OPERATIO			YES NO	IN CERTI	S, WERE FINDIN FYING CAUSES ES	
DIVISION OF VITAL RECORDS, TO HOSPITAL OR ATTENDING PHYSICIAN: The low requir reformed by the haspital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been sig should be detached for use as the buriol-tronsit permit. Then with the State Dept of Health and Mental Hygiene prior to b IMPORTANT: If frem 21 is marked or termit Shows any injury	OR CONTRIBUTION (IF EITHER NO) 21d. INJURY C WHILE AT WORK 22a. I certify Sow they obove (I) 27b. SIGNATO 22d. PHYSICIA CHA 23a. BURIAL, CREMA	NOT WHILE AT WORK THO (I) (this hosp deceased alive or (twe) (did) (did not like) N'S NAME (TYPE OR RLES J.	AIH HOUR A. R) P. 21e. PLACE (AT HOME. STA off) oftended the control view the body OR PRINT) WU, M.D.	M. MONTH M. OF INJURY REEL FACTORY, OFFICE e decepted from 19 19	19 E. FARM, ETC) B. Or	211 LOCATION SIREE and that in (my) (co	TENDING HYSICIAL TN BUR	DIRECTOR PHYS 45 OAKWOOD VIE MARYI 123d LOCATION	dote and hou	COUNTY Let ond from the 22c DATE D SUITE	18/88 204
BP	Burial		20 Oc	t. 86 (Glen Ha	aven Mem		G1en Bun		A.A.	MD STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24 FUNERAL DIREC	TOR S. Kirkl	ev Glen	Burnie	MD		25a. DATI	REC'D. BY REGISTRA	R 25b, REGIS	TRAR'S SIGNAT	URE THE PROPERTY OF THE PROPER

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STATE OF MARYLAND

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	1			STATE OF MARYLAND		- 1
	1.	FOR STATE REGISTRAR	DEPARTA	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	
0 0 - 2 3 1 5 7		CEASED NAME OR PRINT)	MIDDLE MADE	TURNER	20. DATE OF DEATH MONTH	30 86 9 4 M
e 4 moy ctor, pog s offer de	3. SE	11	RACE N2	S DATE OF BIRTH MONTH DAY YEAR 3 26	6. AGE (INYEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
h. Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED DE NEVER MARRIED	9 PAITIMOPE CITY OF COUR	
deor the second	10. C	TOR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	WIDOWED DIVORCED [MD.
10 Party Par	A	NNAPOLIS	LOO AdmILT	ADDRESS	COMMISSAM	
ND 212	USU 13a	AL RESIDENCE IN NURSING HOME O STATE 136 COU	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE INTY			DOE 2/40/
MARYLA ed within	14. F.	THER'S NAME FIRST AY CAIC C	MIDDLE LAST	15. MOTHER'S MAIDEN		Frances Tev
BALTIMORE, I	160		RMED FORCES? 166 SOCIAL SECU	PRITY NO. THE INFORMANT	Turner 600	Admires Di
ST., BALT		PART I. DEATH WAS CAUSI	inly one couse per line for (0), (b), one ED BY: ATE CAUSE (0)	Cardiac Dea	th	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH INSTRUCTORIOUS
he death ceremone optending		Conditions, if ony, which	DUE TO, OR AS A CONSEQUE	NCE OF is cher	nic dilated	
Se ri		gove rise to immediate couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	ony opathy		Years
RDS, 201 equires that signed to Then pleo	NO	PART 2 OTHER SIGNIFICANT Dialites	conditions contributing to a	0 6 5 0 6 1 . 000	erminal disease or condition	GIVEN IN PART 110"
AL RECORDS, he low requir on. t permit. Then trene prior to b	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 28b. IF IN CEI	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO
N OF VITA SICIAN: T ng physici certificate urial-tronsi tentol Hygi frem 18 sh	1	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		21c HOW INJURY OCC	CURRED (ENTER NATURE OF INJURY IN ITEM	IS PART OR PART 2}
DIVISION OF VIT	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC }	CITY OR TOWN	COUNTY STATE
ATTENDIN Septiol or ICTOR: Af afor use o afor use o n. of Health		22a.1 certify that (1) (this hasp sow the deceased alive or	of view the body after death.	9 4 . 19	on death occurred on the date and	, 19 , that (I) (we) lost hour and from the couses stated
AL OR AL DIRE detoched detoched the Dept.		226 SIGNATURE F.	Verkoun	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	10/30/86
HOSPIT Puned by FUNER Sould be confirmed by		PETER FIVE	PKOUW.	1833 TOYED	1 Dr. Annapol	is Md 2/401
PP	230	SURIAL, CREMATION, REMOVAL SPECIFY)	NOU 4-1986 H	NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OR TOWN	COUNTY STATE
DHMH - 16 60M 7/B4	24 F	JNERAL DIRECTOR	AN			ISTRAR'S SIGNATURE
(VRA 15, 4)	0	E. HICKS!	922 tores D	rive	OV 3 1986	tomina Alia

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DHMH - 16 60M 7/84

James S. Kirkley, Glen Burnie, MD (VRA 15, 4)

ill adition in the large way in the



FOR

REGISTRAR

- STATE

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) CITY OF LOWN STATE and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED PHYSICIAN 205 23c NAME OF CEMETERY OR CREMATORY 23b. DATE BURTAL 10=10-86 CROWNSVILLE MARYLAND VETERANS 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE EVANS 1212 WEST ST. ANNAPOLI

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

26 HOUR

HOURS

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

NO [

IF UNDER I YEAR DAYS

COUNTY

INDUSTRY

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

YES F

SHAFFER

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.



) N -	2116		1 -	FOR STATE REGISTRAR			DEPA	RTMENT OF H CERTIF	OF MARYLAN EALTH AND ME ICATE OF DE	NTAL HYG	IENE 8	6 REG. NO.	2	7 4	E	S
, 0	2170			EASED NAME	FIRST		MIODLE	i	AST	70.00	20. DATE OF I	DEATH MONT	H DA	YEAR	26 HOUI	2
	page 3	70.00		VIOLE	T	LOUI	SE	WARRI	EN		OCT	OBER	13,	1986	605	PM
	1		3. SE>			4. RACE		5. DATE C		YFAR	6. AGE IN YEA	RS LAST BIRTHOAY)	MC MC	UNDER I YEAR	HOURS	24 HRS MIN.
	ge 4			Female		White	9	08	- 22 -1	916		70	YRS.			
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50 /	Za the table	54		GLEN BURNI	E	NORTH	ARUNDE	EL HOSP	TAL	UTION	12a USUAL O (TYPE OF WORK I House	FOR MOST OF WORK	KING LIFE)	12b. KIND O INDUSTRY House-		
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RYL	ately 2 sh	Nue X	14 FA	THER'S NAME	300	MIDDLE	LAST		15. MOTHER'S M		ME	WIDDIE	100	LAS		
WA	b lam	\$\langle	Jo	ohn		WIDDLE .	Miller	c	Ann			MIOOLE		Bolli		
RE,	tecus tecus	Perol		(AS DECEASED EVER II		MED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT	Т		ADDRESS				
IMO	0 /00	N	No				220-07-	-8100	Mr.Rob	ert O	. Warre	n, Jr.	(sar			
	the other)		18 CAUSE OF DEATH PART I. DEATH WA		nly one couse per ED BY: TE CAUSE (a)	Meta	state	LU	146	CAN	CER		BETWEEN	MATE INTER	DEATH
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REST	deo			Conditions, if ony,		(b)_	Arten	or Che	evore c	and	100 vou	4 1	Her	. 3	1 Call	7
I W. PRESTON ST.	that the by the case rem al, crema	r other t		cause (a), stating underlying cause	the	DUE TO, O	R ASTA CONSE	QUENCE OF	Fipul	lass	- Pre	enong		311	ath	13
RDS, 201	equires in signed Then pla	injury, a	NOI	PART 2 OTHER SIGN	IFICANT (CONDITIONS CO	ONTRIBUTING !	TO DEATH BUT	NOT RELATED TO	O THE TERM	INAL DISEASE	OR CONDITIO	n Givei	N IN PART 10		
AL RECO	he law ran. has been the prior	Ows du	CERTIFICATION	190 DATE OF OPERAT	ION	19b COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORM	MED	200 AUTOR			WERE FINDING CAUSES		H?
DIVISION OF VITAL RECORDS,	SKCIAN: II ng physicia certificate ricol-transif ental Hygi	Sem 9		210. ACCIDENT WAS UNDE OR CONTRIBUTING CO	AUSE OF DE	ATH HOUR A.	FINJURY M. MONTH M.	DAY YEAR	21c HOW INJU	IRY OCCURE	RED (ENTER NATI	URE OF INJURY IN IT	EM 18 PAR	RT ORPART 2)		
NOISION	G PHYS attending rer this c s the bur	morked ar H	MEDICAL	21d INJURY OCCURR	IE 🗍	21e. PLACE	OF INJURY REET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET			CITY OR TOWN		COUNTY	S	TATE
٥	ZDIN Lose o	S HO		22a.1 certify that (I) (th ugharp		e deceased fro	X / / / /	8/86	19		113	. 19		that (I) (m	-
	TTEN ipital CTOR for us	21.		sow the deceased above, (1) (we) (di	d olive or	view the body	of death 19	867.01	that in (my) to	opinian	death occurred	on the date an	id hour e	and from the	couses,sta	ted
	the has the has al DIREC erached	I: If hem		226 SIGNATURY	TAT	Ta	26	1 hs	DEGREE ATT	ENDING	MEDICAL DIRECTOR [STAFF	7	10 /	flet	2
	TO HOSPITAL retained by the TO FUNERAL should be detined with the State	ZY T		22d. PHYSICIAN'S NA	ME (TYPE C	OR PRINT)	-)	22e ADDRESS	78		COD RD,		TTE 20	1	
	HO FU	Po /		ELLIOTT	COR	BATY M	D		GLE					Litt ao		
	of of shoot	3-1-		URIAL, CREMATION, F				3c. NAME OF C	EMETERY OR CRI		23d LOCAT	ION	-			
	BP		(Burial		10-16	-1986	Glen H	aven Cem	netery		Burnie		A.A.	N	MCI.
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00 - 2	0182		STATE REGISTRAR	Hat				FICATE OF		RE	G. NO.		EST
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN; The low requires that the death cert	n signed by the attendin Then please remove carb t to buriol, cremation, ar injury, or ather traumatic	NOI	Conditions, if on gove rise to in cause (a), stat underlying caus PART 2. OTHER SIG	nmediate ling the se last.	(b)_ DUE TO, C	Conge DRASACON Interio	sequence of	Osterio	r Myoco	due.	fartio		0)
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STATE OF MARYLAND

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	MED CUTE FUN FUN	-	EXAMINER'S	NAME	Gre	gory R	. Kau	ffman.	M.D	ADDRESS	11	1 Pe	nnSti	reet				
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FO TO FUNERAL DIRECTO AFTER DEATH, WITH THE	23a BI	A	ION, REMOVAL				NAME OF CEA				123d. LO	CATION			OTIMES		C1476
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	(VR A15 ME (5))		Jar	mes S. k	(irk]	ey, G1	en B	urnie,	MD		UUI	28	1300	4				



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE ERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN A MONTH YEAR 2b. HOUR (TYPE OR PRINT) DEATH MATED AGE (IN YEARS 2d HOUR UNDER 24 HRS DATE MONTH LAST BIRTHDAY) PRONOUNCED 2300 DEAD 7b. CITIZEN OF 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12h KIND OF BUSINESS Decuri URSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) SITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 15 MOTHER'S MAIDEN NAME ADDRESS DECEASED EVER IN U.S. ARMED FORCES? (O, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) CAUSE OF DEATH (Enter only one cause per line for (a), (b), and BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WENT OF YES NO 21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK 220 I certify that I took charge of the remains described above, held an Autopsy and in my apinian Inspection Inquiry death resulted fram: Natural causes Accident Suicide Hamicide ___ Undetermined manner EXAMINER'S NAME Au695 America Crt. Davidsonville, Md 21035 M.D William P Jones. TYPE OR PRINT 23c. NAME OF CEMETER 07/84 25M NERAL DIRECTO 25a. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5))

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E * 新水泉力	14. E	ATHER'S NAME		AIDDLE	LAST			MAIDEN NA	AUDDU			AST
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51 5413	23a.	BURIAL, CREMATION, F		236. DATE	23		EMETERY OR	REMATORY	123d LOCATION			
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DHMH - 16 60M 7/84		UNERAL DIRECTOR			ADDARCE		21229	25 gr PAT	FRESDARY REGISTE	AR 256 REGIST	RAR'S SIGNA	ATURE
(VRA 15, 4)	M	larshall W.	Jones	s, Jr. FF	1 4101 E	dmonds	on Ave.	.00	1 2 0 1300		, hepty build "	

Hubbard Funeral Home, Inc. 4107 Wilkens Ave

(VRA 15, 4)

STATE OF MARYLAND

STATE OF MARYLAND

PASADENAS MARYLAN 21122

MCCULLY FUNERAL HOME

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1 - STATE 00-20709 REGISTRAR DECEASED NAME DATE KNOWN W MONTH LITYPE OR PRINTI OF ESTI-DEATH MATED L. 2d HOUR DATE YEAR AST BIRTHDAY PRONOUNCED DEAD In BIRTHPLACE (STATE OR BALTIMORE CITY OR COUNTY MARRIED T NEVER MARRIED FOREIGN COUNTRY MARYLAND U.S.A. O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION STYPE OF WORK 17h KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! NNAPOLIS Middletown Road SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS ANNAPOLIS Middletown Road 15 MOTHER'S MAIDEN NAME MIDDLE FIRST ZEKE BLAKE **UNKNOWN** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? Crownsville RESMd. 21032 16b. SOCIAL SECURITY NO. 212-36-6853 JEANNIE WEST 605 Echo Cove Road 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which pertensin gave rise to immediate cause (a) stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? RWANGE STOULD TO FEE STATE DEPARTMENT OF TO STOOL PROPERTY OF TO SURFACE TO S YES [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH THE PLACE OF INJURY (AT HOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY NOT WHILE AT WORK PAGE 4 SHOULD BE FORWART TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE BALLIMORE, MARYLAND, 2120 220. I certify that I taak charge of the remains described above, held an and in my apinian death resulted fram: Hamicide Undetermined manner EXAMINER'S NAME ADDR695 America Crt. Davidsonville, Md. 21035 William P. Jones, M.D. (TYPE OR PRINT) 23d. LOCATION BURIAL 10-14-1986 MT. ANNAPOLIS, Ma. 21401 CALVARY CHERCH ZEMP A.A. Maryland 07/84 **DHMH - 17** in the Burgast WILLIAM REESE & SONS MORTUARY, P.A. (VR A15 ME (5))

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				STATE OF MARYLAND		
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力 10 一 6 字 4		THE INJURY OCCURRED WHILE AND MODE AND MODE 270.1 certify that (1) (this happ saw the deceased allive) or above brief had) (did in 1728.5 URFATURE) 2728. PHYSICIAN'S NAME (1779.5)	intell attended the deceased from or wew the bibdy litter decities or really of the second state of the second sec	and that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22s ADDRESS JR 19 ATTENDING PHYSICIAN	death occurred on the do	the and hour and from the courses stated 28: DATE SIGNED

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67:27/10%

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR I. DECEASED NAME 20 DATE KNOWN (TYPE OF PRINT) OF ESTI-YOUR FILES. N 72 HOURS TON STREET, ugus 3 SEX DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 7d HOUR DATE MONTH LAST BIRTHDAY) PRONOUNCED DEAD YRS BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY! Maryland WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL NURSING HOME. 126 KIND OF BUSINESS USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STAJE 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Godfrey August Sr. sie Kriener 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO **ADDRESS** [YES, NO, OR UNKNOWN] INF YES, GIVE WAR OR DATEST 216-05-3646 no Charlotte V. Zimmer Same as 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), one BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which USED AS A BURIAL - TRAN gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO **CHUREAL DIRECTOR**: PAGE 3 SHOULD BE USE AFTER DEATH, WITH THE STATE DEPARTMEN BAUT MORE, MARYLAND, 21201 PGFOR TO BE THE YES [21a EXTERNAL CAUSE WAS 71b. TIME OF INTURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 0 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC) STREET CITY OR TOWN COUNTY 220. I certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry and in my opinion death resulted fram Natural causes Suicide Homicide Undetermined manner SIGNATURE EXAMINER'S NAME William P. Jones, M.D. ADDRES 695 America Crt. Davidsonville, Md 21035 (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Hill Mausol Balto., 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE DHMH - 17 (VR A15 ME (5)) June werden - 1 1 32 cm

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ADDRESS

Singleton Funeral Home Glen Burnie, Maryland

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